## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K72796

(1)

YUNG HUI SU ENTERPRISES, INC.

YUNG I	HUI SU ENTEHPHISES, INC	)n			
Principal Plac	e of Business	Mailing Address		<u>†                                   </u>	IANY DIDYY DIDYY ENENY ANDYK BYBYY PYDY
4189 S.W. 67TH AVENUE DAVIE FL 33314		2781 E. ORCHARD CIRCLE DAVIE FL 33328-6783 US	Ī		
				3. Date incorporated or Qualified 03/14/1989	3a. Date of Last Report 04/15/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0126413	Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Conste	28		Trust Fund Contribution	Added to Fees
24 Zip	Country 25	Zip	Country 30	8. This corporation has liability for in	tangible tax under s. 199.032, Yes
24	9. Name and Address of Curre		30]	Florida Statutes  10. Name and Address of New Reg	
SIF	GEL, ANDREW L.		81 Name		
8751 WEST BROWARD BLVD.			82 Street Addre	ess (P.O. Box Number is Not Acceptable	-1
SUITE 105			Sireet Addit	ess (F.O. Box Number is Not Acceptable	3)
FT.	LAUDERDALE FL 33324		83		
			84 City		85 Zip Code
office or r agent 1 a	egistered agent, or both, in the State rn familiar with, and accept the oblig	e of Florida. Such change was a lations of, Section 607.0505, Flo	is, the above-hamed corporation to the corporation of the corporation	oration submits this statement for the pu on's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
	Signature, typed or printed name of registered ag-	· · · · · · · · · · · · · · · · · · ·	Registered Agent signature require		DATE
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
NAME I	SU, YUNG HUI		1 1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS	2781 E. ORCHARD CIRCLE		1.3 STREET ADDRESS		
CITY - ST - ZIP	DAVIE FL		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-7IP			2. 4 CITY - ST - 2IP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		•
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-7IP		Dougle	3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CHY-SY-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		District District
NAME		LJ bitch			☐ Change ☐ Addition
STREET ADDRESS (			5 2 NAME 5 3 STREET ADDRESS	•	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TiTLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6 2 NAME		Fit Avenille Fit Vanidali
STREET ADDRESS			6.3 STREET ADDRESS		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

64 CITY - ST - ZIP

**SIGNATURE** 

AIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1,10,97
Date Dayting Phone #

**FILED** 

Jan 22 1997 8:00am

Secretary of State