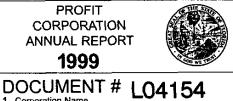
PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name SHYU'S INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90072 024 ***150.00

	•						
Principal Place	of Business	Mailing	Mailing Address				[
1417 SHARON	ROAD	1417 SH	1417 SHARON RD				
TALLAHASSEE			TALLAHASSEE FL 32303				DO NOT WESTE IN THE SPACE
US		US	US				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed 07/25/1989
2. Principal P	lace of Business	2a. Mai	2a. Mailing Address				4. FEI Number Applied For
21	•	26	26				59-2982373 Not Applicable
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				5. Certificate of Status Desired
22		27					Fee Required
City & State	8	City	City & State			•	6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip			Cour	itry		8. This corporation owes the current year intangible	
24	25	29		0			Personal Property Tax.
_	9. Name and Address of Currer	nt Registered	1 Agent		81	Name	10. Name and Address of New Registered Agent
CLIVII TIEC MIN				İ	ا'"	Manie	
SHYU, TIEE-MIN 1417 SHARON ROAD				Ī	82	Street Ad	dress (P.O. Box Number is Not Acceptable)
	AHASSEE FL 32303				83		
Inci	A IAOOLL I C 02000				03	ı	
•					84	City	FI 85 Zip Code
11 Dureuant	to the provisions of Sections 607 050	2 and 607 15	508 Florida Statutes	the ab	nve	-named co	rooration submits this statement for the purpose of changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered							
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Signature, typed or printed name of registered age	nt and title if apple	cable. (NOTE: R	legistered /	Agent	t signature requi	ired when reinstating) DATE
12.	OFFICERS AN			13.	-90.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP		☐ DELETE 1,1 π1		.E		Change Addition
NAME	SHYU, TIEE-MIN		1.2 NA		ΜE		
STREET ADDRESS			1.3 ST	REET	ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL			1.4 CITY-S		r-ZIP	
TITLE	D		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	YU-LIEN, S. LIU			2.2 NAME			
STREET ADDRESS	·		2.3 STF	REET	ADDRESS	and the second s	
CITY-ST-ZIP	AUDDVOVILLE DA			2.4 CITY-ST-ZIP		T-ZIP	
TITLE			3.1 TITI	_		☐ Change ☐ Addition	
NAME	MING-CHEU CHEN	EU CHEN 321		3.2 NA	ΜE	ļ	
STREET ADDRESS	65 0 00 01 II NO 14014 0		3.3 STF	REE!	ADDRESS		
CITY-ST-ZIP			3.4. CIT	Y-S	T-ZIP		
TITLE			4.1 TIT	LE			
NAME				4. 2 NA	ME		
STREET ADDRESS				4.3 STF	REET	ADDRESS	
CITY-ST-ZIP				4.4 CIT	Y-\$1	r-ZIP	
TITLE			☐ DELETE	5.1 TITLE			· ☐ Change ☐ Addition
NAME				5.2 NA	ME	ì	
STREET ADDRESS		•	*		REET	ADDRESS	
CITY-ST-ZIP				5.4 CIT		r-ZIP	
TITLE (1)	开联器 军士斯		☐ DELETE	6.1 TIT			Change Addition
	3 - 30 1 1 1 1 1 1			6.2 NA	ME		
STREET ADDRESS	ေနရွာ မြန္မာ			6.3 STI	REET	ADDRESS	
CITY ST 7ID	[6.4 CIT	Y-\$1	r-zip	

14. I 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, with all other like empowered.

SIGNATURE: