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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 26, 1999 8:00am Secretary of State

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MIAMI FL 33186 MIAMI FL 33186 US US						DO NOT WR	ITE IN THIS	SPACE			
							porated or Qualifed				
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2. Principal Pl	lace of Business	2a. Mailing A	ddress			4. FEI Numb				olied For	599
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Suite, Apt.	#, etc.	Suite, Ap	t. #, etc.		•	5. Certifcate	of Status Desired		\$8.75 A		
22		27								·	
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23	Country	Zip		Countr	_		oration owes the cu	rent vear int			
Zip	25 Z5	29	30	- ,	,		Property Tax.		Yes	□No ·	
24	9. Name and Address of Currel			2)			d Address of New	Registered	Agent		
	الله المراجع ا	,		81	Name						
CHO	W, SAMUEL S J			82	Ctropt Add	dross (P.O. Boy N	umber is Not Accep	table)		 .	
1596	5 SW 109 ST			. 64	Sireet Aut	uless (F.O. DOX 14	umber is Not Accep		<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ļ
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				84	City			(. 15 <u>4 ata 1</u>	85 Zip C	ode.	
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.11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, I	Florida Statutes,	the abo	e-named co	rporation submits t	his statement for th	e purpose of	changing its	registered	
						itions board or dire	ciois. I neleby acci	shr rine appoi	minent as reg	jistorou	
agent La	m familiar with, and accept the obliga-	ations of Section 6	07.0505, Florid	a Statute	S.						
95 agent. La	m familiar with, and accept the obliga	ations of, Section 6	607.0505, Florid	a Statute	s.		<u> </u>		200	·.	
agent. I a	m familiar with, and accept the obligation of th	ations of, Section C	007.0505, Florid	egistered Age	5.	ired when reinstating);	Mikis .	DATE			186
38 agent I a SIGNATURE 12.	rn familiar with, and accept the obligation of t	ent and title if applicable. ND DIRECTORS	(NOTE: Re	egistered Age	5.	ired when reinstating);	Maya S/CHANGES TO O	DATE	ID DIRECTO	RS IN 12	11/98)
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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 informatio 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:

SIGNATURE TO BEQUIRS A MUCL CHOW

TAN. 7. 1999 305-256-7586 Daylime Phone #