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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # L26253

(9)

YONG LEE CORPORATION

APPROVED

97 APR 30 PM 1: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business		Mailing Adoress		1		
2300 CORAL W MIAMI FL 3314 US		2300 CORAL WAY MIAMI FL 33145-3511 US				•
					<ol> <li>Date Incorporated or Qualified 10/27/1989</li> </ol>	3a. Date of Last Report 05/01/1996
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21 2300 C	ORAL WAY	26 2 3 0 0 CORAL WAY			65-0152473	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	116-76			SR 75 Additional
22 # 200		27 # 200			5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 MÏAMI FLORIDA			28MIAMI FLORIDA		Trust Fund Contribution	Added to Fees
Zip	Zip Country		Zip Country		8. This corporation has liability for in	
24 33145	25 US 29 33145 30 US			Florida Statutes Yes No		
	g, Name and Address of Currer				10, Name and Address of New Reg	
FIO	RIDA ANNUAL REPORT SERVICI		8	1 Name		
2300 CORAL WAY						
#20	=		82 Street Add		rcss (P.O. Box Number is Not Acceptable	e)
	-		8	3		· · · · · · · · · · · · · · · · · · ·
MIAI	MI FL 33145		"	1	•	
			8	4 City		<b>85</b> Zip Code
			1			FL 89 210 Code
11. Pursuant	to the provisions of Speciens 607.050	22 and 607.1508/Florida Sta	at/ites, the abo	ve-named corp	poration submits this statement for the partion's board of directors. I hereby accep	urpose of changing its registered
agent. (a	m familiar with and adoeputly public	arions of Section 607.0505.	Florida Statut	es.	and the botal of the colors, this obly decop	(/23/25
SIGNATURE	XXX VIII		AMAD,	a canter	RA LOPEZ.PRES	1/25/97
	Signature, lyped of priored hamid of registered age		NOTE: Registered A	gont signature requi	ired when reinstating)	DATE
12.		ID DIRECTORS	18.	·· <del>·</del>	ADDITIONS/CHANGES TO OFFIC	
TITLE	DP	☐ DELETE	1.1 1ITCE		•	L Change L Addition
NAME	LEE, YONG		1.2 NAMI			
STREET ADDRESS	2475 S.W. 25 TERRACE		1.3 STRE	ET ADDRESS		li
CITY-ST-ZIP	MIAMI FL		1.4 City	S1-2IP		i
TITLE	DVST	☐ DELETE	2171116			☐ Change ☐ Addition
NAME	LEE, KAREN 22 NA		2.2 NAMI	- [		Į
STREET ADDRESS	2475 S.W. 25 TERRACE		2.3 STRE	E1 ADDRESS		
CITY-ST-ZIP	MIAMI FL		2 4 CITY	- S1 - 7IP		
TITLE	DT	DELETE	3 1 TITLE			Change Addition
NAME	LEE, KAREN	<del></del>	3.2 NAM	. ]	5000021	642454 9701123014
TREET ADDRESS	2475 S.W. 25 TERRACE			E1 ADDRESS	-05/02/	9701123014
I #	MIAMI FL		3.4. CITY		****16	5.00 ****165.00
CITY-ST-ZIP	7117 W. 1 L	DELETE	4.1 TITLE			☐ Change ☐ Addition
]	li.	vicin	1	1		
NAME			4. 2 NAM			1
STREET ADDRESS			1	ET ADDRESS		
CITY-ST-ZIP		Distance	4.4 CITY			Otana Daniera
TITLE		T DETELE	5.1 TATLE			Change Addition
NAME			5.2 NAMI		$0 \left( g_{-}() \right)$	J
STREET ADDRESS			5.3.\$1KE	ET ADORESS	、ハイン	
CITY-ST-ZIP			5 4 CITY	-S1-ZIP	Mul30	
TITLE	-	DELETE	6 1 TITLE		$\phi$	Change Addition
NAME			62 NAM		1	]
STREET ADDRESS			63 STRF	FT ADDRESS		
CITY-ST-ZIP			6.4 DrTY	S1-ZIP		

14. Ido 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 offect 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 any ittachment with an address.