FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

| i. Corporatio | MENT # L6219 ITSU OF AMERICA, INC. | 95 (7) | | | i addilali del allia fibbli kaka lali | 1 4 8 8 8 8 8 8 8 | ING ACTO DIANG MAN |
|--|---|--|--|--------------------------------|--|--|--|
| Principa! Place | of Business | Mailing Address | | | | | |
| % RAYMOND CHENG 2311 SW B9TH CT MIAMI FL 33165 | | % raymond cheng 2311 SW 89TH CT MIAMI FL 33165 | | | | | |
| | | | | | 3. Date Incorporated or Qualified 04/04/1990 | 3a. Date of Last 05/01/1 | |
| Principal Place of Business | | 2a. Mailing Address | | | 4. FEI Number | 1 00/01/1 | Applied For |
| Suite, Apt. #, etc. | | 26 | | | | Not Applicable | |
| 22 | | 27 | harry in the state of the state | | 5. Certificate of Status Desired | 1 1 | 5 Additional Required |
| City & State | | City & State | | 6. Election Campaign Financing | □ \$5.0 | 00 May Be | |
| Zip | Country | Zip | Country | , | Trust Fund Contribution L. Added to Fees 8. This corporation has liability for intangible tax under s 199.032, | | |
| 24 | 25 29 29 9. Name and Address of Current Registered Agent | | 30 | | Florida Statutes Yes No | | s 199.032, |
| | 9, Name and Address of Curr | ent Registered Agent | 81 | Name | 10. Name and Address of New R | egistered Agent | |
| CHENG | , RAYMOND | | <u></u> | | | | |
| 9755 SW 72ND ST | | | 82 | Street Add | Iress (P.O. Box Number is Not Acceptable | Θ) | |
| MIAMI F | FL 33173 | | 83 | | | | |
| | | | 84 | City | | —. 85 Z | Zip Code |
| 11. Pursuant t | o the provisions of Sections 607.050 | 02 and 607.1508, Florida Statut | es, the above-r | named corpo | oration submits this statement for the purp and of directors. I hereby accept the appo | PL | registered office |
| familiar wit | ed agent, or both, in the State of Flo h, and accept the obligations of, Sec | rida. Such change was authoriz ction 607.0505, Florida Statutes | ed by the corp i. | oration's boa | ard of directors. I hereby accept the appo | intrierit as registere | d agent. I am |
| SIGNATURE _ | Signature, typed or printed name of registered age | Accademate a sur more entre | | | | | |
| 12. | | ND DIRECTORS | It. Registered Ager | Lagnatoro reguire | ed when reinstating) ADDITIONS/CHANGES TO OFF I | CERS AND DIDEON | ODC 11.10 |
| TITLE | PSD | DELETE | 1. 1 TITLE | | | | |
| NAME STREET ADDRESS | MA, DAWEI 9755 SW 72ND ST | | 1.2 NAME | | | | |
| CITY-SI-ZIP | MIAMI FL | | 1.3 STREET 1.4 CITY - S | | | | |
| TITLE | VTD | | | 1. 211 | | ☐ Change | ☐ Addition |
| NAME | WIJAYA, GUNAWAN | | 2.2 NAME | | | | |
| STREET ADDRESS CITY-ST-ZIP | 9755 SW 72ND ST | | 2.3 STREET ADDRESS | | | | |
| TITLE | MIAMI FL | | 2 4 CHY-S | T- ZIP | | F7 6 | The same of the sa |
| NAME | | had | 3 ? NAME | | | Change | ☐ Addition |
| STREET ADDRESS | | | 3.3 STREET | ADDRESS | | | |
| CHTY-ST-ZIP TITLE | | F) herere | 3.4 CITY - S | 1- 2 IP | | | |
| NAME | | DELETE | 4.2 NAME | | | Change | Addition |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST | I - ZIP | | | |
| TITLE NAME | | DELETE | 5. 1 TITLE | | | Change | Addition |
| STREET ADDRESS | | | 5.2 NAME 5.3 STREET | ADDRESS | | | |
| CITY-ST-ZIF | | | 54 CHTY- ST | l | | | , |
| TITLE | | ☐ DELETE | 6 1 TITLE | | | Change | Addition |
| NAME STREET ADDRESS | | | 6.2 NAME | | | | |
| CITY-ST-ZIP | | | 63 STREET | - 710 | | | |
| 14. I do hereby | certify that the information supplied | with this filing is voluntarily furni | 6 4 City - St shed and does | not qualify for | or the exemption stated in Section 119.0 | 7(3)(k), Florida Statu | tes. I further |
| oath; that I appears in | am an officer or director of the come Block 12 or Block 13 inchanged for | uai report or supplemed all anno oration of the received of trusted on an attachment with an addin | Jar report is true e en ipowered to ess. | e and accura o execute this | or the exemption stated in Section 119.0 le and that my signature shall have the s s report as required by Chapter 607, Flor | ame legal effect as it ida Statutes; and the | f made under at my name |

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR