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

DOCUMENT # M74952 1. Corporation Name

SOGO, INC.

FILED Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90064 010 ***150.00



Principal Place	of Business	Mailing Address	Mailing Address								
% KING HUNG I	KWAN	% KING HUNG KWAN									
8381 PINES BLVD			8381 PINES BLVD				DO NOT WRITE IN THIS SPACE				
Pembroke Pini	ES FL 33024	PEMBRURE PINES PL 33024	PEMBROKE PINES FL 33024			3. Date Incorporated or Qualifed					
						"	04/01/1988	•			
2 Principal Pl	ace of Business	2a. Mailing Address	-			4.	FEI Number		I A	pplied For	
· -		<u></u> — ¬	26				65-0042197		H _N	ot Applicable	
21 Suite, Apt. #, etc.		Suite, Apt, #, etc.				_ -			\$8.75	Additional	
22		27	27			5.	Certificate of Status Desired		Fee R	equired	
City & State		City & State				6.	Election Campaign Financing		\$5.00	May Be	
23		28	28				Trust Fund Contribution	'	Added	to Fees	
Zip	Country	Zip	Zip Country			8.	This corporation owes the cu	irrent year In			
24	29	30				Personal Property Tax.		X Yes	□No		
	9. Name and Address of Curre	nt Registered Agent		<u>r</u> -		10.	Name and Address of New	Registered	Agent		
LZNATA	N. IZINO LIBINO		1	B1	Name						
	N, KING HUNG		1	B2	Street Add	dress (F	O. Box Number is Not Accep	otable)	,		
	PINES BLVD										
PEMI	BROKE PINES FL 33024		1	83							
				B4	City			FL	85 Zip	Code	
44 5	to the provisions of Sections 607.050	22 and 607 1509 Florida Statuto	s the abo	0)/0	named co	moratio	n submits this statement for th		changing its	s registered	
office or re	egistered agent, or both, in the State on familiar with, and accept the obliga-	of Florida. Such change was au	thorized i	Dy t	the corpora	tion's be	oard of directors. I hereby acc	ept the appo	intment as re	egistered	
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re				gistered Agent signature require				DATE	ID DIDECT	2DC IN 12	
12.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO C	FFICERS AL	Change	Addition	
TITLE	<u></u>		I.	1.1 TITLE					MI Oritingo		
NAME	KWAN, KING HUNG					1150	30 WATERFORD COU	DΨ			
STREET ADDRESS	3427 NE 163 ST.		1.3 STREET ADD								
CITY-ST-ZIP			_	1.4 CITY-ST-ZIP		COOF	PER CITY, FL 330		Change	Addition	
TITLE	- 1			2.1 TITLE					Onlinigo		
NAME	KWAN, BAN H		2.2 NAME								
STREET ADDRESS	15850 NW 10 ST				ADDRESS				,		
CITY-ST-ZIP	PEMBROKE PINES FL 33028	☐ DELETE	2.4 CIT		r-ZIP		<u> </u>	 ,	Change	Addition	
TITLE	_			3.1 TITLE 3.2 NAME						,,,,,,,,,	
NAME										ļ	
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP		☐ DELETE	3.4. CIT		r-zip				☐ Change	Addition	
TITLE		☐ pereig	4.1 TITL								
NAME			4. 2 NA							ļ	
STREET ADDRESS					ADDRESS					1	
CITY-ST-ZIP	<u> </u>	☐ DELETE	4.4 CIT		-ZIP				Change	Addition	
TITLE			5.1 IIIL						1,1 5,1090		
NAME					ADDRESS				•		
STREET ADDRESS			5.4 CITY		- 1						
CITY-ST-ZIP		☐ DELETE	6.1 TITL						Change	Addition	
TITLE			6.2 NAN		ļ						
NAME					ADDRESS						
STREET ADDRESS			0.0 0 11								

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 apachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: X

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954)432-2888