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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M79539

(6)

C. B. G., INC.

Principal Place of Business

Mailing Address

FILED Feb 05 1998 8:00am Secretary of State



37448 ORANGE ROW LN DADE CITY FL 33525 US		37448 ORANGE ROW LN DADE CITY FL 33525 US			DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified		
							05/05/1988		
2.	Principal Place of Busi	ness	2a. Mailing Address				4. FEI Number	L	Applied For
21			26				59-2905206		Not Applicable
22	Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		75 Additional e Required
23	City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24	Zίρ	Country 25	Zip 29	Соці 30	ntry		This corporation owes or has paid the currer Personal Property Tax due June 30.	it yea Yes	ır Intangible ☐ No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
	GUANIO, LING				81	Name	·		
37448 ORANGE ROW LANE DADE CITY FL 33525			82	82 Street Address (P.O. Box Number is Not Acceptable)					
**				83					
					84	City	FL The state of th		Zip Code

agent. I a	m familiar with, and accept the obligations of, Sec	otlon 607.0505, Flori	da Statutes.	ration of popularity in the popularity and appointment at	7109,010100
SIGNATURE	Signature, typed or printed name of registered agent and title if appl	icable (NOTE	Registered Agant signature re-	guired when reinstation) DATE	
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12
TITLE	DP	DELETE	1.1 TITLE	Change	Addition
NAME	GUANIO, LINO P.		1.2 NAME		
STREET ADDRESS	37448 ORANGE ROW LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	DADE CITY FL		1.4 CITY - ST - ZIP		
TITLE	DV	DELETE	2.1 TITLE	☐ Change	Addition
NAME	BALA, SAM G.		2.2 NAME		
STREET ADDRESS	503 E. PALM AVENUE		2.3 STREET ADORESS		
CITY-ST-ZIP	DADE CITY FL		2. 4 CITY - ST - ŽIP		
TITLE	DST	DELETE	3.1 TITLE	Change	Addition
NAME	CHIANG, BEN L.		3.2 NAME		
STREET ADDRESS	2505 POWER LINE ROAD		3.3 STREET ADDRESS		
CITY - ST - ZIP	DADE CITY FL		3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE	[] Change	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE	Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE	Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
			0.4 OFF 210		

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic 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 apattachment with an address.

SIGNATURE:

HEQUIRED