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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P93000030635 (5)

DOCUMENT #

POK WAK, INC.

Principal Place of Business	Mailing Address	
865 W 48TH ST	865 W 48TH ST	
INALEALI EL GOOLO	LIMI CALL EL 99M9	

E FER HORMAN AND I	I BARRA HARRA MARIA	4400 BEH 6440	HINI LEKIE A	H na an n a ban n a h i

HIALEAH FL	33012	MINLEND PL 33012					
					3. Date Incorporated or Qualified	3a. Date of	•
					04/27/1993	02/	14/1995
2. Principal Plac		2a. Mailing Address			4. FEI Number		Applied For
3980	SW 149 TERR	26 3980 SW K	19 TE	RR	65-0407182		Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 Additional Fee Required
City & State	AMAR, FL	City & State 28 M(RAMAR	f	-L	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
330 330	27 Country 25 11 S. A	Zip 32007	Country	u.s.	8. This corporation has liability for Florida Statutes	intangible tax u	nder s 199.032,
4	9. Name and Address of Currer	1771	<u>~1</u>		10. Name and Address of New I	Registered Age	ent
	g. Harrie and read of the second		81	Name			
50V T	01010 11				ID O. Oar N. mhar is Not Apparts	616	
	RUONG H		82	Street Addre	ess (P.O. Box Number is Not Acceptal	ne)	
	48TH ST		63				
HIALEA	H FL 33012						
			84	City		FL [']	85 Zip Code
			41		ation a demits this statement for the pu		ing its registered offi
11. Pursuant to	o the provisions of Sections 607.0502	and 507.1508, Florida Statutes, da. Such change was authorized.	the above- by the corr	named corpor coration's boar	ation submits this statement for the purid of directors. I hereby accept the app	pointment as rec	gistered agent. I am
familiar with	h, and accept the obligations of, Sect	ion 607.0505, Florida Statutes.	-, ,		, , ,		
SIGNATURE							
SIGNAPOTO II	Signature, typed or printed name of registered agen		<u> </u>	nt signatura require		DATE.	DEOTODO IN 10
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OF		Change Addition
THE	D	DELETÉ	1. 1 TITLE			W	Strange Notition
NAME:	POK, TRUONG H		1 2 NAME		3980 SW	119 T	FDD.
STREET ADDRESS	865 W 48TH ST		1.3 STREE	T ADDRESS	2780 044		22007
CITY - ST - ZIP	HIALEAH FL 33012		1.4 CITY-	ST-ZIP	MIRAMAR	<u>, FL</u>	2207-1
lift F		☐ DELETE	2 1 TITLE		• •		Change Addition
NAME			2 2 NAME				
STREET ADDRESS			2 3 STREE	T ADDRESS			
CITY SI-ZIF			2.4 CiTY -	ST-ZIP			
TITLE		DELETE	3. 1 TITLE				Change Addition
NAME			3.2 NAME				
STREET ADDRESS			l.	ET ADDRESS			
			3.4 CITY				
CHY-S1-ZIP TITLE		□ DELETE	4. 1 TITLE				Change
		<u> </u>	4.2 NAME				
NAME				ET ADDRESS			
STREET ADDRESS				1			
CITY - ST - ZIP		TT DELETE	4.4 CITY -				Change
TITLE		□ ptreit	5 1 TITLE			1	
NAME			5.2 NAMÉ	- 1			
STREET ADDRESS				ET ADDRESS			
C/14 - \$1 - 7/P			5.4 CITY-				Change T Addition
THE		□ DELETE	6 1 TITLE	:			Change Addition
NAME			6.2 NAME				
STHEET ADDRESS			6.3 STRE	ET ADDRESS			
CITY - ST - ZIP			6.4 CiTY	- ST - ZIP			
- Grand 1 - ZH	4	with this files is voluntarily furnish			for the exemption stated in Section 11	9.07(3)(k) Florid	a Statutes. I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 certify 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.

SIGNATURE:

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

Description 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.

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