Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90039 049 ***150.00

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 # P93000030635

1. Corporation Name

POK WAK, INC.

	,					
Principal Plac	e of Business	· Mailing Address			•	I 10011001 He (6165 (114) 65(1) estit sales altin estit sales altin
3980 SW 149 T MIRAMAR FL 3		3980 SW 149 TERRACE MIRAMAR FL 33027	MIRAMAR FL 33027			DO NOT WORTH IN THE STACE
US	•	U\$				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
	`					04/27/1993
Principal Place of Business Za. Mailing Address						4. FEI Number Applied For
21 26						√65-0407.182 Not Applicable S 75 Not Applicable
Suite, Apt.	#, etc.	⊢	Suite, Apt. #, etc.			5. Certificate of Status Desired Security Fee Required
22	City & State	v & State				
	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 Zip	Zip Country Zip			ntry		This corporation owes the current year Intangible
	25	29	30	,		Personal Property Tax.
24	9. Name and Address of Cu		1301			10. Name and Address of New Registered Agent
	- 140111C 2110 1100 01 01			81	Name	
POK, TRUONG H 865 W 48TH ST				82 Street Address (P.O. Box Number is Not Acceptable)		
HIALEAH FL 33012				83		
111116				83	,	
		•		84	City	FL 85 Zip Code
office or r	registered agent, or both, in the St	.0502 and 607.1508, Florida Statut tate of Florida. Such change was a oligations of, Section 607.0505, Flo	uthorized	by t	-named corp the corporation	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE		•				
	Signature, typed or printed name of registered			Agent	signature require	red when reinstating) DATE DATE
12.		S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE		1.1 TITLE 1.2 NAME		
NAME	TRUONG, H. POK					-
STREET ADDRESS				1.3 STREET ADDRESS		\ <u>\</u>
CITY-ST-ZIP	MIRAMAR FL		_	1,4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	2.1 TIT			
NAME			2.2 NA			
STREET ADDRESS	بيه جويستسم مستسمي ميد	<u> مورود و المحالم کا محالم میکند.</u>			ADDRESS	- war and the state of the stat
CITY-ST-ZIP		DELETE	2. 4 C		r-ZIP	Change Addition
TITLE		€ DETE IE	3.1 TIT			
NAME .			3.2 NA		4000000	·
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			3.4. CI		r-ZIP	Change Addition
TITLE		☐ DELETE	4.1 TIT			
NAME.			4. 2 N			
STREET ADDRESS	. '				ADDRESS	
CITY-ST-ZIP		Christs	4.4 CF		-ZiP	. Change Addition
TITLE		☐ DELETE	5.1 Til			
NAME			5.2 NA		ADODECO	
STREET ADDRESS	·				ADORESS	
CITY-ST-ZIP		□ ar:	5.4 CF 6.1 TIT		-2117	Change Addition
TITLE	la sa a care	☐ DELETE	9.1 11	·LE		

CITY-ST-ZIP 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 attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

STREET ADDRESS