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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANN	IUAL REPORT 1996		ary of State CORPORATIONS		
DOCU 1. Corporation	IMENT # P930	000034512 (2	)		
J.E.T.	INTERNATIONAL CUISI	NE, INC.		1 JAANGAN NA 1818A MUU AANG AAN	
Principal Plac	ce of Business	Mailing Address			
1455 NORTHWEST 107TH AVENUE 1455 NORTHWEST 107 STE. 488 STE. 488 MIAMI FL 33172 MIAMI FL 33172			TH AVENUE		
MICHAEL FL 331/4		MIAMI FL 33172		3. Date Incorporated or Qualified 05/10/1993	3a. Date of Last Report 04/25/1995
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite Act	# do	26	·	65-0411403	Not Applicable
Suite, Apt. #, etc. 2 City & State		Suite, Apt. #, etc.  27  City & State		Certificate of Status Desired	\$8.75 Additional Fee Required
:3	5 Th. day 14 and 14 and 15 and 16 and	28]		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24	Country 25	Ζφ <b>29</b>	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, 
	9. Name and Address of Cu			10. Name and Address of New F	
			81 Name		
	MINGYUEH		82 Street Add	fress (P.O. Box Number is Not Acceptab	)ie)
1455 NORTHWEST 107TH AVENUE					
STE. 4			83		
MIAMI	FL 33172		84 City		B5 Zip Code
44 0	the Manager of Castings COV	0500 1 007 1500 55-41- 0			FL   53   Zip Code
or registe	ered agent, or both, in the State of	Florida, Such change was authorize	s, the above-hamed corpord by the corporation's boa	oration submits this statement for the pur ard of directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent, I am
	with, and accept the obligations of,	Section 607.0505, Fiorida Statutes	lingruch	Jen	11/15/96
SIGNATURE.	Signature, typod or printed name of registered	agent and title if agent able. (NO	E Register Agent signature require	ed when reinstating)	DATE
12.	OFFICERS	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TILLE	D	☐ DELETE	1. 1 TITLE		Change Addition
NAME	JEN, MINGYUEH		1.2 NAME		
STHEET ADDRESS		H AVENUE STE. 488	1.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33172	E3 profess	1.4 CITY - \$1 - ZIP		
TITLE	D UTNO VIINO INVA	☐ DEFELE	2 1 TI7LE		Change Addition
NAME CEDELLADODECCO	JENG, YUNG-HWA	LI AVELHIE OTE 400	2 2 NAME		
STREET ADDRESS	1455 NORTHWEST 107T MIAMI FL 33172	M AVENUE SIE. 488	2.3 STREET ADDRESS		
CITY-ST ZIP TITEF	MIMMI FL 331/2	☐ DELETE.	2.4 CITY - S1 - ZIP 3.1 TITLE		Change Addition
NAME			3 2 NAME		
STREFT ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS	1		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-7IP			5.4 CHTY - ST - ZIP		
THLE		DELETE	6 1 TITLE		☐ Change ☐ Addition

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). Fiorida 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.

64 CHY-S1-ZIP

62 NAME 6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-7IP

FFICER OR DIRECTOR

04/15/96 (305) 220-6204