## FILE NOW: FILING FEE AFTER MAY 1 IS \$55D.00

**CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000036387 (7) Corporation Name QUANG AND MEE, INC.

Princ	ipal f	Place	of	Bus	ines
6403	OTIEN	ILIO.	nn.		

Mailing Address

## **FILED** May 02 1997 8:00am Secretary of State



2497 STIRLING DANIA FL 3331		2497 STIRLING RD DANIA FL 33312-652	0				
					3. Date Incorporated or Qualified 05/20/1993	3a. Date of Last Report 04/04/1996	
2. Principal Place of Business 2		2a. Mailing Address	 S		4. FEI Number	Applied For	
21		<b>├</b> ─┐	26		65-0454784	Not Applicable	
Suite, Apt. #, etc.		. — — — —	Suite, Apt. #, etc.			- \$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Goun	try	8. This corporation has liability for i	ntangible tax under s. 199.032.	
24	25	29	30				
	g. Name and Address of C	current Registered Agent			10. Name and Address of New Re	gistered Agent	
	MEE YIN		1	Name			
	7 STIRLING RD.		-	32 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
DANIA FL 33312			[`	oucot / tot	areas (i.e. box italiaeli la trot riccopiale		
			[8	33			
			١,	34 City		lool 7:- Code	
				City		FL 85 Zip Code	
office or r	to the provisions of Sections 60 egistered agent, or both, in the m familiar with, and accept the	State of Florida, Such change	was authorized	by the corpora	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of changing its registered	
SIGNATURE	,						
SIGNATIONS	Signature, typed or printed name of registe	red agent and title if applicable	(NOTE: Registered	Agent signature requ	pired when reinstating)	DATE	
12.		RS AND DIRECTORS	18.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	PDS	☐ DETE.	1.9 THTL	F .		Change Addition	
NAME	LIU, MEE YIN		1.2 NAN	!E			
STREET ADDRESS	9410 SW 80 ST.		1.\$ STR	EF1 ADDRESS			
CITY-ST-ZIP	MIMAI FL 33173		1.# CITY	r-S1-ZIP			
TITLE		☐ DEFE.	TÉ 2.4 TITL	Ε		Change Addition	
NAME			2.2 NAM	16	•		
STREET ADDRESS			2.8 STR	EET ADDRESS		1	
CITY-ST-ZIP			2. 4 CIT	Y-ST-ZIP			
TITLE		☐ DELLE				Change Addition	
NAME			3.⊉ NAN	!E			
STREET ADDRESS			3.8 STR	FFT ADDRESS		1	
CITY-ST-ZIP			3.4. CiT	Y - \$1 - ZIP		ļ	
TITLE		DELE		<del>-</del>		Change Addition	
NAME			4.:2 NAI	AE			
STREET ADDRESS			4.8 STR	EE1 ADDRESS			
CITY-ST-ZIP				'-ST- <b>Z</b> IP			
TITLE		DELE				Change Addition	
NAME			5.2 NAM				
STREET ADDRESS				EFT ADDRESS			
CITY-ST-ZIP				-\$1-ZIP			
TITLE		DELE:				Change Addition	
NAME		_ v	6.2 NAM			Line Change Line Modified	
STREET ADDRESS							
· .				EET ADDRESS			
CITY-ST-ZIP		•	6 4 CITY	'-SI-7IP			

I do 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.