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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000036387 (7)

QUANG AND MEE, INC.

FILED Jan 28 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address		<u></u>	-)		: 11:10; LULLI 10 EI 10 UI
2497 STIRLING RD DANIA FL 33312 2497 STIRLING RD DANIA FL 33312						
				DO NOT WRITE	IN THE COAC	=
				3. Date Incorporated or Qualified	IN THIS SPAC	<u>-</u>
				05/20/1993		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21 26				65-0454784	ĺ	Not Applicable
Suite. Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired		3.75 Additional
22	27			or continuate or claims become		Fee Required
City & State	City & State			6. Election Campaign Financing		5.00 May Be
Zip Country	28 Zip	Country		Trust Fund Contribution		Added to Fees
24 25	29	30		This corporation owes or has particular or the personal Property Tax due June		
9. Name and Address of Curro		30		10. Name and Address of New Re		
LIU. MEE YIN		81	Name			
2497 STIRLING RD.		82	Stroot Addre	ess (P.O. Box Number is Not Acceptal	ole)	
DANIA FL 33312		02	Olleer Moure	iss (F.O. Box Number is Not Acceptai	ole)	
		83				,
		84	City		85	Zip Code
		1 1	-		FL	· ·
Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obline.	502 and 607.1508, Florida Statute	es, the above-	named corpo	oration submits this statement for the r	ourpose of chan	ging its registered
agent. I am familiar with, and accept the obli	gations of, Section 607.0505, Fig	tutnorized by t brida Statutes.	ne corporation	on's board of directors, I hereby acce	or me appointm	aut az teálstétén
SIGNATURE						
Signature, typed or printed name of registered a	·	: Registered Agent	signature require		DATE	
12. OFFICERS A	ND DIRECTORS DELETE	13. 1,1 TITLE	 	ADDITIONS/CHANGES TO OFFICE		hange Addition
NAME LIU, MEE YIN	Deter	1.2 NAME			۰	marige Houldoor
,	9410 SW 80 ST.		200500			
MINANT TO 00170	MIMAI FL 33173		DDRESS ZIP			
CITY-ST-ZIP MIMALEL 33173	DELETE 2		ZIP		/ TIC	hange L Addition
NAME			1			
STREET ADDRESS		2,3 STREET AS	DORESS	•*	, **:	
CITY-ST-ZIP		2. 4 CITY-ST-			- A.	
TITLE DELETE		3.1 TITLE			□ C	hange Addition
NAME		3.2 NAME	ļ			
STREET ADDRESS		3.3 STREET AC	DORESS			
CITY-ST-ZIP		3.4. CITY - ST -	ZIP			
TITLE	DELETE	4.1 TITLE			□ C	hange Addition
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET AC	ODRESS			
CITY-ST-ZIP		4.4 CITY - ST -	ŽIP			
TITLE	⊥ DELETE	DELETE 5.1 TITLE			LC	hange Addition
NAME		5.2 NAME				
STREET ADORESS		5.3 STREET AD	•			
CiTY-ST-ZiP	<u> </u>	5.4 CITY - ST-	ZIP			
TITLE	DELETE	6.1 TITLE			<u> </u>	hange Addition
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET AD	DDRESS			
CITY-ST-ZIP		6.4 CITY - ST-				

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 trusted 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:

THE REQUIRED

1/14/98

R2F034 (10/97)