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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000048026 (7)

LY HUONG, INC.

FILED Feb 16 1998 8:00am Secretary of State

Principal Place of Business Mailing Address			1 3 m b) (m b) (m b) (m b) (m m) (m)	91981 191 1 89 1 8 17919 8111 1891	
112 BOCA RATON RD. 112 BOCA RATON RD. BOCA RATON FL 33432 BOCA RATON FL 33432					
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				07/01/1993	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			65-0421720	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State				Fee Required
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	28	Cour	ntrv	8. This corporation owes or has paid the	
24 25	29	30	,	Personal Property Tax due June 30.	Yes No
g. Name and Address of Curr		1		10. Name and Address of New Register	
MILLER, LY			81 Name		
150 SW 15TH DR.			82 Street Add	fress (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33432			02 30 del Add	iress (1.0. Dox Humber is Not Acceptable)	
550000000000000000000000000000000000000			83		
		-	84 City		■■ 85 Zip Code
				_	·L
11. Pursuant to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	es, the ab	ove-named cor	poration submits this statement for the purpos	e of changing its registered
agent. I am familiar with, and accept the ob	ligations of, Section 607.0505, Flo	rida Statu	ites.	tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE					
Signature, typed or printed name of registered			Agent signature requ	ored when reinstating) DAT	
TIRE DST	AND DIRECTORS DELETE	13.	F	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME MILLER, LY		1.2 NA			
STREET ADDRESS 150 SW 15TH DR.			HEET ADDRESS		
CITY-ST-ZIP BOCA RATON FL			Y-ST-Z#P		إ
TITLE	☐ DELETE	2.1 TITI		······································	☐ Change ☐ Addition
NAME	•	2.2 NA	ME		
STREET ADDRESS		2.3 STF	EET ADDRESS		
CITY-ST-ZIP		2. 4 CH	Y-ST-ZIP		
TITLE	☐ DELETE	3.1 7(1)	.ŧ		Change Addition
NAME		3.2 NAI	ME		
STREET ADDRESS		3.3 STF	EET ADDRESS		
CHY-ST-ZIP		_	Y-ST-ZIP		
TITLE	DELETE	4.1 1111			☐ Change ☐ Addition
NAME .		4. 2 NA			
STREET ADDRESS			EE1 ADDRESS		
CITY-\$T-ZIP	DFLETE		Y-S1-ZIP		Change Addition
TITLE		5.1 TITI	1		C CHANGE C AUDITION
NAME OTDEST IDDESCO		5.2 NA	•		
STREET ADDRESS			EET ADDRESS		
CITY-ST-ZIP	DELETE	5.4 CIT	Y-ST-ZIP F		Change Addition
NAME	- outil	6.2 NA			orango risenisti
STREET ADDRESS			EET ADDRESS		
CITY-ST-ZIP			Y-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 supplimental 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 an attachment with an address.

9/col 98 561-362-120