PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT

Sandra B. Morti

STATE

Secretary of State

DIVISION OF CORPOR FIONS

POCUMENT # P93000072715 (4)

NORTH GARDEN, INC.

FILED Apr 13 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address				3 INDIIODI EER ININN AINI NAIN EBISE NAIN INDII EBIO EINE INDII 1982 NIII 1981
1140 NE 163 ST		1140 NE 163 ST				
SUITE 28		SUITE 28				DO NOT WRITE IN THIS SPACE
NORTH MIAMI BEACH FL 33162		NORTH MIAMI BEACH FL 33162				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
1						•
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			10/20/1993 4. FEI Number Language For
21	idos di edellinda	26				TAPAGE 1
Suite, Apt. #, etc.		Suite, Apt. #, etc.				65-0444368 Not Applicable
22		27				5. Certificate of Status Desired Fee Regulred
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country			This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Currer					10. Name and Address of New Registered Agent
NG, YUN SUM				81	Name	
	40 NE 163RD STREET, #28		82 Street Ac		Ctroot Ad	Idraca (P.O. Bay Number in Net Assestable)
	ORTH MIAMI BEACH FL 33162			62	Street Ad	ddress (P.O. Box Number is Not Acceptable)
""	www.min bestore to total			83		
					O':	
				64	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered.						
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable (NOT)	E: Registere	d Age	nt algnature rec	quired when reinstating) DATE
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1,17	ITLE		☐ Change ☐ Addition
NAME	NG, YUN SUM		1.2 NAME			
STREET ADDRESS	1140 NE 163RD ST #28		1.3 S	TREET	ADDRESS	
CITY - ST - ZWP	N MIAMI BEACH FL		1.4 CITY-		T-ZIP	
TITLE	V	DELETE	2.1 T	ITLE		Change Addition
NAME	NG, YUET NGOR		2.2 NAME		1	•
STREET ADDRESS	ISS 1140 NE 163RD STR #28		2.3 STREET ADDRESS		address	•
CITY-ST-ZIP	N MIAMI BEACH FL 2.		2.41	S-YTK	ST-ZIP	
TITLE	ST DELETE 3.1		3.1 7	ITLE		Change Addition
NAME	ng, manward		3.2 NAME			
STREET ADDRESS	1140 NE 163RD STR #28		3.3 STREE		ADDRESS	
CITY-ST-ZIP	n miami beach fl		3.4.0	S-YTK	IT-ZIP	į
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4.21	NAME		
STREET ADDRESS			4.3 \$	4.3 STREET AD		
CITY-ST-ZIP				4.4 CITY-ST-ZIP		
TITLE		☐ DELETE		5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		-	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			4	ITY-S		
TITLE		☐ DELETE	6.1 T		· *"	☐ Change ☐ Addition
NAME		bear waren	6.2 N			Committee Commit
				-	ADDOCCO	· ·
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP	İ		■ 64C	ITY-S'	⊺-71P I	

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.

SIGNATURE:

Makeun

3/18/98

(305)949-1050

R2E034 (10/97)