## 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 # P93000076498 (3)

Principal Place of Business	Mailing Address
10032 PINES BLVD. PEMBROKE PINES FL 33024	10032 PINES BLVD. PEMBROKE PINES FL 33024

**FILED** Jan 30 1998 8:00am Secretary of State

WALF	IND THANG, INCORPORA	IEU			1 <b>3.64</b>
Principal Plac	e of Business	Mailing Address			10 <b>3</b> 10 81111 81010 1818 1811 1811
, ·		•			
10032 PINES	PINES FL 33024	10032 PINES BLVD. PEMBROKE PINES F	1 33024		
		, compriorite , map 1	- 400F1	DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	
				10/29/1993	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0443698	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 Cin. 8 Cin.		27 City P. Clots			Fee Required
City & State City & State		— ´		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	<b>Z</b> ip	Country		Added to Fees
24	25	29	30	<ol><li>This corporation owes or has paid the Personal Property Tax due June 30.</li></ol>	current year intangible  Yes No
[24]	9, Name and Address of Curr			10. Name and Address of New Registers	
71-	IANG, THOMAS		81 Name	1/4-	
CORA CAN ALATA AND				NAT KAM WING	
	COOPER CITY FL 33330			dress (P.O. Box Number is Not Acceptable)	
) "	SOI EN CHITTE GOOD		83 -7 () 2 2	4	
				ALHAMBRA BLVD.	
			84 City M. I	IRAMAR F	L 85 Zip Code 33023
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida St	atutes, the above-named cor	poration submits this statement for the purpose	of changing its registered
office or I	registered agent, or both, in the Sta	te of Florida: Such change w	as authorized by the corpora	ation's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE.	Signature, typed of printed name of registered to	Boent and little if applicable	NOTE: Registered Agent signature requ	uired whon reinstating) DATE	16/98
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PSD	☐ DELETE	1.1 TITLE	VID	, Change Addition
NAME	WAT, KAM W			NAT, IVY L.	
STREET ADDRESS	7933 ALAHAMBRA BLVD.	<u></u> .	1.3 STREET ADDRESS	1933 ALHAMBRA BWD.	
CITY-ST-ZIP	MIRAMAR FL 83022 3.	<u> </u>	1.4 CITY-ST-ZIP	1933 ALHAMBRA BWD. MIRAMAR   FL 33023	
TITLE	VTD	DELETE	21 TITLE		☐ Change ☐ Addition
NAME	THANG, THOMAS		2.2 NAME	,	
STREET ADDRESS	5654 S.W. 114TH AVE.		2.3 STREE1 ADDRESS	٠.	
CITY-ST-ZIP	COOPER CITY FL 33330		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			: 3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		T beine	3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T prise-	4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T 65:	5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-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 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.

WAT KAMWINGAI /16/98 (904)432-5300