PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000083000

MIKI CHEUNG, INC.

FILED Feb 05, 1999 8:00am **Secretary of State**

02-05-1999 90006 050 ***150.00



Principal Place of Business Mailing Address				-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
8032 WILES ROAD 8032 WILES ROAD							
CORAL SPRING		CORAL SPRINGS	DRAL SPRINGS FL 33065		DO NOT WOITE IN THIS SPACE		
					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
					12/06/1993		
		2a. Mailing Addre			4. FEI Number	App	lied For
		⊢	i -		65-0452439	Not	Applicable
21		26 Suite Ant #	Suite, Apt. #, etc.			\$8.75 A	dditional
Suite, Apt. #, etc.		├ ─┐	7		5. Certificate of Status Desired	Fee Red	uired
City & State		27 City & State	City. & State		6 Election Campaign Financing	\$5.00	vlay Be
City & State		28	-1 ''		Trust Fund Contribution Added to Fees		Fees
23 Zip	Country	Zip	Cour	ntry	8. This corporation owes the current	year Intangible	
	25	29 30			Personal Property Tax.	erty Tax ☑Yes □No	
24	9. Name and Address of Cu				10. Name and Address of New Reg	istered Agent	
		MAGESTAL STATE		81 Name			
CHEUNG, MEI F.				82 Street Add	ress (P.O. Box Number is Not Acceptable))	
8032 WILES ROAD				Oliege Addi	75 4 4 7 7 7 14 7 17 18 18 18 18 18 18 18 18 18 18 18 18 18	ng kabanan <u>na kabanan</u>	18. (Pdu 15.)
COL	RAL SPRINGS FL 33065		Ì	83			
•	•			44 60		85 Zip C	nde
	•			84 City		FL []	-000
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable.	(NOTE: Registered	Agent signature requin	ed when reinstating)	DATE	
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		RS IN 12_
TITLE	D	, 🗆 🗅 o	ELETE 1.1 π1	LE	A CHAIL	☐ Change	L.J Addition
NAME	CHEUNG, MEI F	•	1.2 NA	ME		•	
STREET ADDRESS	s 9777 WESTVIEW DR		1.3 ST	REET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33076			TY-ST-ZIP	<u> </u>	☐ Change	Addition
TITLE			ELETE 2.1 TI	rue		☐ Change	☐ Addition
NAME	ļ		2.2 N	ME			
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CITY-ST: ZIP		<u></u>		TY-ST-ZIP		Change	Addition
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NAME			3.2 N		•		
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NAME .			4. 2 N				
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CITY-ST-ZIP				TY-ST-ZIP		☐ Change	☐ Addition
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NAME			5.2 N		A STATE OF THE STA		
STREET ADDRES	ss			TREET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP		Change	Addition
TITLE	V. 1		DELETE 6.1 TO			□ Crailge	L. MODISON
NAME			6.2 N				
STREET ADDRES	ss	•	6.3 _. S	TREET ADDRESS	•		:
1	1		1				

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, with all other like empowered. CITY-ST-ZIP