FILED

Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90035 046 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P94000013500 1. Corporation Name

PENG LEUNG, INC.

									(
Principal Place of Business Mailing Address						U 18111 81011 E011 0011 0011	\$ 8.0181 11800 11181 01111 0		
20505 S DIXIE HWY		_	18470 SW 78TH PL						
		MIAMI FL 33						•	
MIAMI FL 33189 US							NOT WRITE IN THIS SPACE		
US						3. Date Incorpora 02/14/1994			
2. Principal P	lace of Business	2a, Mailing	Address			4. FEI Number	•	App	olied For
21		26				65-0478628	3	Not	Applicable
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.			5. Certifcate of S	tatus Desired	\$8.75 ∧	
22		27				J. Certificate of C		Fee Rec	
City & State		City & S	City & State			6. Election Camp	1	\$5.00	•
23		28				Trust Fund Co	·	Added to	Fees
Zip,	Country Zip		Country		8. This corporation owes the current year Intangible Personal Property Tax.				
24	25	29		0			eπy ταχ. Idress of New Regis		
	9. Name and Address of Curre	ent Kegistered Aç	jent	81	Name	10. Name and Ad	diess of New Negis	tered Agent	 -
LEUI	NG, JOHN			L					
20505 S DIXIE HWY			82	Street A	Address (P.O. Box Number	er is Not Acceptable)			
#1879				83					
MIAMI FL 33189									
				84	City			FL 85 Zip C	ode
44 Purcuant	to the provisions of Sections 607.05	02 and 607 1508	Florida Statutes	the abov	e-named o	corporation submits this s	tatement for the purpo	se of changing its	registered
office or n	egistered agent, or both, in the State	e of Florida. Such	change was aut	honzed by	the corpo	ration's board of directors	s. I hereby accept the	appointment as reg	jistered
agent. I a	m familiar with, and accept the oblig	ations of, Section	607.0505, FIORG	ia Statutes					1
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: R	teaistered Age	nt signature re	equired when reinstating)	DA	ATE	
12.	Grandon, types of printer land			13.			IANGES TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE	D		DELETE	1.1 TITLE				☐ Change	Addition
NAME	LEUNG, JOHN			1.2 NAMÉ					
STREET ADDRESS	40470 000 7070 00			1.3 STREE	TADDRESS				
CITY-ST-ZIP	MIAMI FL 33157			1.4 CITY-S	T-ZIP				
TITLE	D		☐ DELETE	2.1 TITLE				Change	☐ Addition .
NAME	LEUNG, TOY-WEN			2.2 NAME					
STREET ADDRESS	18470 SW 78TH PL			2.3 STREE	TADDRESS				
CITY-ST-ZIP	MIAMI FL 33157	-		2. 4 CITY-5	ST-ZIP	م ي رحم دي	¥* +	· .	
TITLE	D		DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME	PENG, SAY W			3.2 NAME		•			
STREET ADDRESS	18470 SW 78TH PL			3.3 STREE	TADDRESS				1
CITY-ST-ZIP	MIAMI FL 33157		_	3.4. CITY-5	ST-ZIP				
TITLE			☐ DELETE	4.1 TITLE		/		☐ Change	☐ Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREE	TADORESS				
CITY-ST-ZIP				4.4 CITY- S	T-ZIP				
TITLE			☐ DELETE	5.1 TITLE			•	Change	☐ Addition
NAME		•		5.2 NAME	1		•		
STREET ADDRESS				5.3 STREE	T ADODCEO I				
CITY-ST-ZIP	I				1				
TITLE				5.4 CITY-S	1				
11102			☐ DELETE	6.1 TITLE	1			☐ Change	Addition
NAME .			☐ DELETE	6.1 TITLE 6.2 NAME	1		.,	☐ Change	☐ Addition

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.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP