

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000027135

1. Corporation Name
J.M.P. YU CORPORATION

Principal Place of Business

2300 CORAL WAY
#200
MIAMI FL 33145

Mailing Address

2300 CORAL WAY
#200
MIAMI FL 33145

2. Principal Place of Business

21 2300 CORAL WAY

Suite, Apt. #, etc.

22 SUITE # 200

City & State

23 MIAMI

FLORIDA

Zip

24 33145

25 U.S.

2a. Mailing Address

26 2300 CORAL WAY

Suite, Apt. #, etc.

27 SUITE # 200

City & State

28 MIAMI

FLORIDA

Zip

29 33145

30 U.S.

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC
2300 CORAL WAY
#200
MIAMI FL 33145

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation hereby certifies that 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, typed or printed name of registered agent (if not applicable)

AMADA CANTERA LOPEZ.PRES

(Typed Name of Registered Agent)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
PD	YU, JAMES A	3885 FERN FORREST ROAD	COUPER CITY FL 33026
SD	YU, JENNIFER	3885 FERN FORREST ROAD	COUPER CITY FL 33026
TD	YU, MIRIAM C	3885 FERN FORREST ROAD	COUPER CITY FL 33026

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 139.07(5)(a), 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 and be in order only 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 another like empowered.

SIGNATURE:

SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN YOHAI PHEN

John Yohai Phen 4-20-99

APR 30 1999
99 APR 30 PM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification
04/08/1994
4. FEI Number
65-0480219
Applied For
Not Applicable
5. Certificate of Status Desired
8.75 Additional
Fee Required
6. Election Campaign Financing
5.00 May Be
Trust Fund Contribution
Added to Fees
8. This corporation pays the current year intangible
Personal Property Tax
10. Name and Address of New Registered Agent

0216902

CR2E034 (1/1/98)