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

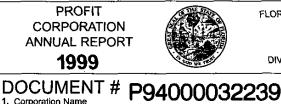
PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90135 049 ***150.00

SOON D)A, INC.			~ .							
Principal Plac	e of Business	Mailing Add	dress					E LOGINGE ING EGIN GEGIN	ANGEL ANGEL ANGEL	ittië tiëre tiese	filit a s e ur rear
9308 S. HWY. 1 9308 S. HWY. 1 PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952								DO NOT WRITE IN THIS SPACE			
							<u> </u>	3. Date Incorporated or Qualife	ed		
								04/28/1994			İ
Principal Place of Business 2a. Mailing Address								4. FEI Number	, ,	Ap	plied For
21 26								65-0486801		No	t Applicable
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75 A	
City & Stat	te	City & S	State			<u></u>	+	6. Election Campaign Financin	 	\$5.00	May Ro
23		28						Trust Fund Contribution	^в П	Added to	•
Zip	Country	Zip		Count	try			8. This corporation owes the co	urrent year Int	angible	
24			29 30					Personal Property Tax. ▼ Yes No			
	9. Name and Address of Currer	nt Registered Ac	jent	<u> </u>				0. Name and Address of Nev	Registered	Agent	
				8	31	Name		,			
TRUONG, MICHAEL				ε	82 Street Adda			ress (P.O. Box Number is Not Acceptable)			
1413 COLCHESTER CIR)_							
PI. S	ST. LUCIE FL 34952			18	33						
				3	34	City			FL	85 Zip C	Code
agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga Signature, typed or printed name of registered agei	itions of, Section	607.0505, Flo	rida Statut	es.			en reinstating)	DATE		
12.	OFFICERS AND DIRECTORS			13.				ADDITIONS/CHANGES TO C	OFFICERS AN		
TITLE	P		☐ DELETE	1.1 TITL!		F				Change	☐ Addition
NAME	TRUONG, MICHAEL			1.2 NAM	E	1			_		
STREET ADDRESS				1.3 STRI	EET A	ADDRESS		13 COLCHESTER CIR			
CITY-ST-ZIP	PORT ST. LUCIE FL 34952			1.4 CITY		-ZIP	POI	RT ST. LUCIE, FL	<u>34952</u>	F3 01	- Addition
TITLE .	S		☐ DELETE	2.1 TITL	E	ļ.				X Change	Addition
NAME	TRUONG, HUI WEN ZHENG			2.2 NAM							
STREET ADDRESS	1502 CRAYRICH CT.					ADDRESS		13 COLCHESTER CIR			
CITY-ST-ZIP	PORT ST. LUCIE FL 34952		Di perere	2.4 C/T		-ZIP	POI	RT ST. LUCIE. FL	<u> 34952 -</u>	Change	Addition
TITLE			DELETE	3.1 TITL						☐ Cripinge	☐ Addition
NAME				3.2 NAM							
STREET ADDRESS	[ADDRESS					
C/TY-ST-ZIP			DELETE	3.4. CIT		-ZIP				Change	Addition
TITLE			C. DETEIE			+				C Suminge	
NAME		•		4. 2 NAV		ADDDESS					
STREET ADDRESS						ADDRESS		÷			
CITY-ST-ZIP			DELETE	4.4 CITY 5.1 TITL		-2117		·····		☐ Change	Addition
TITLE			PEELIL	5.3 IIIL							٠,
NAME				E		ADDRESS					•
STREET ADDRESS		-		5.4 CITY		1					
C/TY-ST-ZIP TITLE			DELETE	6.1 TITLE						Change	Addition
IIILE NAME			PLLL!L	62 NAM		Į				٠.١٠٠٠٠ ت	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ZEDUREMIChael Truong

(561)335-0766