

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JUL 10 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000034905
1. Corporation Name

COMTEK IMPORTS & EXPORTS INC.

Principal Place of Business
7210 N.W. 31ST STREET
MIAMI, FL 33122
Mailing Address
7210 N.W. 31ST STREET
MIAMI, FL 33122

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/05/94
3a. Date of Last Report
4. FEI Number
65-0490138
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees
7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

YEN, SHANG-PYNG
7212 N.W. 31ST STREET
MIAMI, FL 33122

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement 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 and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESEDENT	1. TITLE	☐ Change ☐ Addition
NAME	CHING-JEN TU	2. NAME	
STREET ADDRESS	8568 N.W. 52ND PL	3. STREET ADDRESS	400001536134
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	4. CITY-ST-ZIP	-07/12/95--01079--010
TITLE	GENERAL MANAGER	5. TITLE	☐ Change ☐ Addition
NAME	JUI CHIN LIN	6. NAME	
STREET ADDRESS	626 N.W. 159 LANE	7. STREET ADDRESS	****200.00 ****200.00
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	8. CITY-ST-ZIP	
TITLE		9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/95 (305) 592-3198