Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90017 008 ***150.00

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 # P94000048771

1, Corporation Name

CHIPS 1	rading, inc							
Principal Place of Business Mailing Address 2630 N.W. 72 AVENUE 2630 N.W. 72 AVENUE MIAMI FL 33122 LIS			***************************************			-		90 4 7 1131 (881
US		US				3. Date Incorporated or Qualifed	7017100	
						06/30/1994		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	} 	plied For
21		26				65-0509205		t Applicable
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
City & Sta	te	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	Fees
Zip	Country	Zip		untry		8. This corporation owes the current year In		m.,
24	25	29	30			Personal Property Tax.		□No
	9. Name and Address of Cur	rent Registered Agent		81	Name	10. Name and Address of New Registered	Agent	
YΔN	IG, MEI C				Hamo		 -	
	O S.W. 100 STREET			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	MI FL 33156			83				
	,			Ш				
				84	City	FL	85 Zip C	ode
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NC	TE: Registered	d Agen	it signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	
TITLE	DPST	☐ DELETE	1.1 T	ITLE			Change	☐ Addition
NAME	YANG, MEI C	•	1.2 N	IAME				
STREET ADDRESS	2630 N.W. 72 AVENUE		1.3 S	TREET	ADDRESS		•	-
City-St-ZIP	MIAMI FL 33122		1.4 C	TY-S	T-ZIP			
TITLE	DV	☐ DELETE	2.1 T	ITI F				- Addison
NAME	HWANG, PHONESACK		1				Change	Addition
STREET ADDRESS	2630 N.W. 72 AVENUE		2.2 N	IAME			Change	Addition
CITY-ST-ZIP	1		2.3 S	IAME TREET	TADDRESS		Change	Addition
TITLE	MIAMI FL 33122	O DELETE	2.3 S 2.4 C	IAME TREET CITY-S	TADDRESS		· <u> </u>	
NAME .	MIAMI FL 33122	□ DELETE	2.3 S 2.4 C 3.1 T	IAME TREET CITY-S TTLE	ļ		Change	☐ Addition
CTDEET ADDOCCO		☐ DELETE	2.3 S 2.4 C 3.1 T 3.2 N	IAME TREET CITY-S TILE IAME	ST-ZIP		· <u> </u>	
STREET ADDRESS		☐ DELETE	2.3 S 2.4 C 3.1 T 3.2 N 3.3 S	IAME TREET CITY-S TILE LAME STREET	TADORESS		· <u> </u>	
STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	2.3 S 2.4 C 3.1 T 3.2 N 3.3 S	IAME TREET CITY-S TILE VAME STREET CITY-S	TADORESS		☐ Change	
CITY-ST-ZIP			23 S 2.40 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T	IAME TREET CITY-S TILE VAME STREET CITY-S	TADORESS		Change	Addition
CITY-ST-ZIP	3		23 S - 2.40 3.1 Ti 3.2 N 3.3 S 3.4 C 4.1 Ti 4.2 N	IAME TREET CITY-S TILE VAME TREET CITY-S TILE VAME	TADORESS		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	3		23 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 . C 4.1 T 4.2 N 4.3 S	IAME TREET CITY-S TILE VAME TREET CITY-S TILE VAME	T ADDRESS F ADDRESS		☐ Change	Addition
CITY-ST-ZIP TITLE NAME	3		2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 N 4.3 S 4.4 C	IAME ITREET CITY-S ITLE IAME ITREET ITLE ITTLE ITTLE ITTLE ITTLE ITTLE ITTLE	T ADDRESS F ADDRESS		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	3	☐ DELETE	23S - 24C 31T 32N 33S 34.C 41T 4.2P 43S 44C 5.1T 52N	TREET THE TREET	T ADDRESS F ADDRESS T-ZIP		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	23S - 240 31T 32N 33S 34.0 41T 4.2P 43S 44C 5.1T 52N 53S	TREET TREET TAME TREET TREET TREET TREET TITLE TREET TITLE TREET TREET TITLE TAME TREET	T ADDRESS F ADDRESS T-ZIP T ADDRESS T-ZIP		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	23S - 240 31T 32N 33S 34.0 41T 4.2P 43S 44C 5.1T 52N 53S	TREET	T ADDRESS F ADDRESS T-ZIP T ADDRESS T-ZIP		Change	Addition Addition
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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:

Daytime Phone #