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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000067321 (7)

ISLAND TRADERS OF MIAMI, INC.

FILED Apr 30 1998 8:00am Secretary of State



					fia alili irae a filsa libri fial irae	
Principal Plac	e of Business	Mailing Address		r idarinder tig jahrt geber gatet aftir åb	ira distri rados fill a tinat librica	
4929 SOUTHWEST 123RD TERRACE 4929 SOUTHWEST 123RD T				:		
COOPER CITY FL 33330-5443		COOPER CITY FL 33330-5443		DO NOT WRITE IN	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	THO GITTOL	
L				09/13/1994		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21			6th ST	65-0520904	Not Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.	IG- EL	5. Certificate of Status Desired	\$8.75 Additional	
City & Stat	Δ	City & State	ves, Fr		Fee Required	
23	.e	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	Country	Zp	Country			
24	25	29 35078 30	, ,	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Curr			10. Name and Address of New Regist		
YIN	IG, BRUCE C		81 Name	SHELLEY CHUNG		
4929 SOUTHWEST 123RD TERRACE			82 Stree			
COOPER CITY FL 33330-5443			165	t Address (P.O. Box Number is Not Acceptable)		
			83			
			24 -00			
			84 City	MBROKE PINES	FL 85 Zip Code ろうらる	
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.						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature typed or protect gap of reputered agreed and digital application (NOTE Registered Agent signature required when reinstaining) Out 10 parts						
	Signature, typed or printed rain- of registered	agent and tight apple ablo (NOTE Re			· · · ·	
12.	OFFICERS A	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	YING, BRUCE C	(A) nereie	1.1 TITLE	MS, JARRIED GRANT	Change Addition	
NAME	4929 SE 123 TER		1.2 NAME	1 dan - 2 1 1 7 7 7 20		
STREET ADDRESS	COOPER CITY FL		1.3 STREET ADDRESS		, ,	
CITY-ST-ZIP TITLE	SD SD	▼ DELETE	1.4 CITY-ST-ZIP	COOPER CITY FL 335	うつ Change Addition	
NAME	YING, MARCIA N	G DELETE	2.1 TITLE 2.2 NAME		Change Addition	
STREET ADDRESS	4929 SW 123 TER				Ī	
CITY-ST-ZIP	COOPER CITY FL		2.3 STREET ADDRESS			
TITLE	0001211011112	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition	
NAME		L Deter	3.2 NAME		C Change C Austroll	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	' 		
TITLE		DELETE	4 1 TITLE		Change Addition	
NAME			4. 2 NAME		Crange Reduted	
STREET ADDRESS		:	4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TIFLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		Į.	5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
CITY-ST-ZIP		ł	6.4 CITY-ST-ZIP			

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 attacturent with an address

(954) 431-3682