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

PROFIT **CORPORATION ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000073900 (0)

FILED Apr 29 1998 8:00am Secretary of State

YOUMEI CORP.										
Principal Place of Business Mailing Address									UH HIRI UE	ili Okli 1 FO i
201 SIMPSON RD 201 SIMPSON RD										
KISSIMMEE FL 34744 KISSIMEE FL 34744							DO NOT WRITE IN	тык ер	ACE.	
US	US				}	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
							10/04/1994			Į.
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address				4. FEI Number		TAr	plied For
21		26			1	59-3271961			ot Applicable	
Suite, Apt.	*, etc.	Suite, Apt. #, etc.					7	\$8.75	Additional	
22		27				Certificate of Status Desired		Fee Re	equired	
City & State		City & State				8. Election Campaign Financing	-		May Be	
23	7 - 5	28				Trust Fund Contribution		Added		
Zip	Country Zip			Country			8. This corporation owes or has paid the			
24	9, Name and Address of Current	29 Registered Agent	30	_		i	Personal Property Tax due June 30. 10. Name and Address of New Regist			J No □
OLI	<u> </u>	Trogression Agent		81	Name		10. Italia and Addiss of Italia Italia	NOT OF THE		
CHEN, SHIH LUNG 201 SIMPSON RD										
KISSIMMEE FL 34744				82 Street Add			s (P.O. Box Number is Not Acceptable)			
No	SIMMEE FL 34/44									
					-					
				84	City			FL	85 Zip (Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida, Such change was author. 					-named	corpor	ation submits this statement for the purp	ose of cl	nanging if	ts registered
office or re agent. I ar	iulhorize irida Sta	o by tutes	the corp 3.	oration	is board of directors. I hereby accept th	ie appoir	ilment as	registered		
SIGNATURE		, , .								- [
	Signature, typed or printed name of registered agent and little if applicable (NOTE: Regist			d Ape	ni signature i	required		DATE		
12.	OF FICERS AND					1/2	ADDITIONS/CHANGES TO OFFICER			
TITLE	VD	_		1.1 TITLE V.J		VA	EN, SHIH MING	<u>д</u>	Change	☐ Addition
NAME CYPETY ADDRESS	CHEN, SHIH MING			1.2 NAME 1.3 STREET ADDRESS 4			245 AUGUSTA AVE			
STREET ADDRESS	COOPER CITY FL 33026			1.3 STREET ADDRESS 1 -		7	OPER CITY, FL. 330	/در		į:
TITLE	SD SD			1.4 CiTY-ST-ZIP		<u> </u>	Spok Olill Arrive	<u> </u>	Change	Addition
NAME	CHEN, SHAOMIN			2.2 NAME		- S.	D SHADMIN	4	· Charles	
STREET ADDRESS		And Lawrence and American		2.3 STREET ADDRESS		25	YEN, SHOOMIN OUT AND SUE	:_		j
CITY-ST-ZIP	DOODED OFFI EL COORS			2 4 CITY-ST-ZIP			WOER CITY, FL.3:	3026		
TITLE				3.1 TITLE			CITI VILLE	<u>~ ~</u>	Change	☐ Addition
HAME	CHEN, SHIH LUNG	HEN, SHIH LUNG 321		AME	l					
STREET ADDRESS	201 SIMPSON RD		3.3 STAEL		ADDRESS					
CITY-ST-ZIP			3.4.0	CITY - S	7-ZIP					
TILE	TD	DELETE 4.1		4.1 TITLE					Change	Addition
NAME	CHEN, SHUMAN		4. 2 NAME							
STREET ADDRESS	1706 LEE JANZEN DR		4.3 STREE		ADDRESS					Į
CITY-ST-ZIP	KISSIMMEE FL	T Drieter	4.4 CITY-		T-21P				1.05	1 1 1 1 1 1 1 1
TITLE		☐ DELETE	5.1 TITLE					L) Change	Addition
NAME			5.2 NAME							- 1
STREET ADORESS			5.3 STREE							
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - S 6.1 TITLE		I - ZIP				Change	Addition
NAME		_		5.2 NAME				<u>. </u>	_ D.Idilgo	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CITY+ST-ZIP							
44 15			- 0,0	., .						

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.

SIGNATURE: