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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400089347 (6)

UHIENI	URAGUN, INC.				•						
Principal Place	of Business	Mailing Add	dress				1	: [[###]]]; [][[]][]]]]			
15936 WEST S SUNRISE FL 33			15936 WEST STATE RD. 84 SUNRISE FL 33326-1235								
								Date Incorporated or Qualified 12/09/1994		of Last R 1996	eport
2. Principal Pl	ace of Business	2a. Mailing	Address					FEI Number	-d,-L.ui/	Ar	plied For
21		26					ļ	65-0542242			t Applicable
Suite, Apl	#, etc	·	pt. #, etc.				5.	Certificate of Status Desired		\$8.75 / Fee Re	
City & State)	27 City & S	tate	······			-	Election Campaign Financing		\$5.00	<u> </u>
23		28					, v,	Trust Fund Contribution		Added	
Zφ	Country	Zip	······································	Coun	ry	************	8.	This corporation has liability for i	ntangible ta	x under s	. 199.032,
24	25	29		30			<u> </u>		Yes 🗌		
	9. Name and Address of Currer	nt Registered Ag	ent		41		10.	Name and Address of New Re	gistered A	ent	
	NG, KAM F			8	1 Nan	ne					
	16 W. STATE RD. 84					et Addre	dress (P.O. Box Number is Not Acceptable)				
SUN	RISE FL 33326			-	3						
•					٦						
				8	4 City				FL	85 Zip (Code
11 Pureusmi	to the apprisions of Sections 607.050	12 and 607 1508	Florida Statut	es the sho	ve-nam	ed corno	ratio	n submits this statement for the n		hanoina it	e ranjelarad
office or re	to the provisions of Sections 607,050 egistered agent, or both, in the State in familiar with, and accept the oblig.	of Florida, Such	change was a	authorized	by the c	orporation	n's b	poard of directors. I hereby accer	t the appoi	ntment as	registered
	m tamiliar with, and accept the obligi	janons of, Section	607.0505, FIG	maa Siaiu	es.						
SIGNATURE	Signature, typod or printed name of registered aga	ent and title it applicable	(NOT	E. Registered /	gent signa	ture required	d when	reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS		13.				ADDITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTOR	S IN 12
TITLE	P		DELETE	1.1 TITL	=					Change	☐ Addition
NAME	YEUNG, KAM F			1.2 NAM	E						
STREET ADDRESS	15938 W. STATE RD. 84			1.3 STR	ET ADDRE	ss					-
CHY-ST-ZIP	SUNRISE FL 33326				-ST-ZIP			·			
TITLE	VP	l	DELETE	2.1 TITE					L	Change	☐ Addition
NAME	YEUNG, KAM Y			2.2 NAM							
STREET ADDRESS	15936 W. STATE ROAD 84				ET ADDRE	55					
City - St - ZiP	SUNRISE FL		DELETE		/-S1-ZIP -					Change	Addition
TITLE	S VEINO PAU II	ı	T DETEN	31 TIFL	•				L	Change	Addition
NAME CENTER ADDRESS OF	YEUNG, KAM H 15936 W. STATE ROAD 84			3.2 NAM	_						
STREET ADDRESS	SUNRISE FL				ET ADDRE	>>					
CHY+ST-ZIP TITLE	OUNTION FL		DELETE	3.4. CIT 4.1 TITL	/-ST-ZIP				r	Change	Addition
NAME				4.7 HTC							L. 1 3000001
STREET ADDRESS					ET ADDRE	ss					
CITY-ST-ZIP					-ST-ZIP	~					
TITLE			DELETE	5.1 TITL		_				Change	Addition
NAME		•		5.2 NAM							
STREET ADORESS					ET ADDRE	ss				65	
City-St-ziF				5.4 CITY	-ST-ZIP					51	15/97
TITLE			DELETE	6.1 TITU	<u> </u>			الباس الله البياء البياء البياء البياء البياء البياء البياء		Change	Addition
NAME				6.2 NAM	E			00000217 -05/07/97011 ***165.00	(, L.I	
STHEET ADDRESS				6.3 STR	ET ADDRE	ss		ლეპ/ს[/შ[‴‴Ս]I.	1300	1	
2017 ST. 7/P				6 A CITY	. ST. 7/P			₹₹₹₹₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽			

14. I do 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 port 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 combination or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Ellock 12 or Block 13 if ghanged, or on an attachment with an address.

6.4 CITY - ST - ZIP

SIGNATURE: X

CHY-ST-ZIP

RE Kam F. Yeung

(954)349-9600

FILED

May 05 1997 8:00am

Secretary of State