Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90121 023 ***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 # P94000091220

1. Corporation Name

CITY-ST-ZIP : :

HAIH IV	ASTERS INTERNATIONAL, II	NO.					
Driver - I Dies	a of Business	Mailing Address			(ilia (biai ilbia ilbia	HANG WANG HANG
4386 NW 31ST AVE							
LI ENDELINATE LE 20202					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed	<u> </u>	
					01/01/1995		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Apı	plied For
21 26					65-0561802	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	
22 27					G. Commons of states seemed	Fee Re	quired
City & State City & State					6. Election Campaign Financing	\$5.00	
23 28					Trust Fund Contribution	Added to	o Fees
Zip Country Zip			Country	•	8. This corporation owes the current year		d
24	25	29 3	10		Personal Property Tax.		☑ No
	9. Name and Address of Curren	t Registered Agent	81	Nama	10. Name and Address of New Register	ad Agent	
ын	VANECCA		81	Name			
HILL, VANESSA			82	Street A	ddress (P.O. Box Number is Not Acceptable)		_
4386 NW 31ST AVE			<u> </u>		······		
rıı	AUDERDALE FL 33309		83	}	· ·		
			84	City		. 85 Zip C	Code
•						L	
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State of familiar with, and accept the obligations are sections.	of Florida. Such change was auti	norized by	the corpor	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as reg	gistered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	legistered Ager	nt signature reg	uired when reinstating) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1,1 TITLE			☐ Change	☐ Addition
NAME	HILL, VANESSA		1.2 NAME				
STREET ADDRESS	COOR E ANAL AATTLE OT		1.3 STREE	TADORESS			l
CITY-ST-ZIP	FT LAUDERDALE FL 33309		1.4 CITY-ST-ZIP				
TITLE	D DELETE		2.1 TITLE			☐ Change	Addition
NAME			2.2 NAME	•			
			2.3 STREE	TADDRESS			
STREET ADDRESS	PHILADELPHIA PA 19140		2. 4 CITY-S	1	26 T # 3	÷ *	-
TITLE			3.1 TITLE	11-ZIF		☐ Change	Addition
			3.2 NAME				
NAME			Į.	T ADDRESS	•		
STREET ADDRESS	FT LAUDERDALE FL 33309						;
CITY-ST-ZIP	FI LAUDERDALE FL 33309	☐ DELETE	3.4. CITY-S 4.1 TITLE	7(-ZIP		☐ Change	Addition
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NAME	-		4. 2 NAME	T 4 DD0505		•	
STREET ADDRESS	· ·		4.3 STREE				
CITY-ST-ZIP			4.4 CITY-S	1- <u>ZIP</u>	<u> </u>	Change	☐ Addition
TITLE		☐ OETEIE	5.1 TITLE 5.2 NAME		•	onlinge	
NAME	•		5.3 STREE	TADDRESS	·		
STREET ADDRESS							
CITY-ST-ZIP	 	E3 per este	5.4 CITY-S 6.1 TITLE	1-21		Change	Addition
TITLE	,	☐ DELETE	6.2 NAME				
NAME							
STREET ADDRESS	r		6.3 STREE	TADDRESS			

6.4 CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

14. I heraby 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 br 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 chapted, or on an attachment with an address, with all other like empowered. **EREQUIRED SIGNATURE:**