FILED Jul 13, 1999 8:00 am MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). **Secretary of State PROFIT** FLORIDA DEPARTMENT OF:STATE CORPORATION Katherine Harris 07-13-1999 90004 002 ***150.00 ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 OCUMENT # 014299 - 90010 - 48 (APELLMEISTER ENTERPRISES INC. cipal Place of Business Mailing Address 1400 NW 107TH AVE I NW 107TH AVE SUITE 14 2// E 211 DO NOT WRITE IN THIS SPACE AI FL 33172 MIAMI FL 33172 3. Date Incorporated or Qualified 01/30/1995 4. FEI Number Applied For 2a. Mailing Address Principal Place of Business 65-0555669 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 This corporation owes the current year Country Zip Country Zip Yes ☑ No Intangible Personal Property. 30 25 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GENG KALOK W Street Address (P.O. Box Number is Not Acceptable) 82 1400 NW 107TH AVE SUITE 211 83 **MIAMI FL 33172** City Miami Pursuant to the provisions of Sextions 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 efficient ins of section 607.0505, Florida Statutes. 1-199 NATURE (NOTE: Registered Agent signature required when reinstating) (2/6)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change Addition 1.1 TITLE DELETE CR2E034 1.2 NAME GENG, KALOK W 1.3 STREET ADDRESS 8217 N.W. 681H ST. 1.4 CITY-ST-ZIP MIAMIFFE 33168 Change Addition 2.1 TITLE DELETE 2.2 NAME GENG, RICARDO W 8217 N.W. SETH ST. 1400 NW 107 for \$>11 2.3 STREET ADDRESS FT ADDRESS MIAMI FL 33166 24 CITY-ST-ZIP -ST-ZIP Change Addition 3171115 3 2 NAME 3.3 STREET ADDRESS ET ADORES 3.4 CITY-ST-ZIP ST-ZIP Change Addition 4.1 TITLE DELETE 4.2 NAME Œ 4.3 STREET ADDRESS FET ADDRESS 4.4 CITY-ST-ZIP -ST-ZIP Change Addition 5 1 TITLE DELETE S 2 NAME 5.3 STREET ADDRESS SET ADDRESS 5.4 CITY-ST-ZIP ST-ZIP Change Addition 6.1 TITLE __ DELETE 8.2 NAME 6.3 STREET ADDRESS **EET ADDRESS** 6.4 CITY-ST-ZIP 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 chapter 607 and attachment with an address.