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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000019178 1. Corporation Name

JADE GREEN, INC.

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90123 049 ***150.00



Principal Place	of Business	Mailing Address							
1907 PEMBROKE RD		1937 PEMBROKE RD							
HOLLYWOOD FL 33020		HOLLYWOOD FL 33020			DO NOT WRITE IN THIS SPACE				
						Date Incorporated or Qualifed		7 7 7 7	
						03/08/1995			İ
								Apr	olied For
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			Applicable
21		26				65-0693009		\$8.75 A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		Fee Rec	
22		27							`
City & State		City & State				6. Election Campaign Financing		\$5.00 N Added to	
23		28				Trust Fund Contribution			Fees
Zip	Country	Zip	Count	try		8. This corporation owes the curr	ent year Inta	angible ∏Yes İ	□No
24	25	29	30			Personal Property Tax.			
24)	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New !	Registered /	Agent	
			8	B1	Name				_
	E, CHARLES S ESQ PA		82 Street Add			ss (P.O. Box Number is Not Accept	able)		
	NE FOURTH STREET		62 3000				<u> </u>		
FT. L	AUDERDALE FL 33301		ļ.	83					į
								85 Zip C	ède.
				1	City		FL	. 1331	
		TO J COZ 4500 Florido Statute	e the ab		named corno	pration submits this statement for the n's board of directors. I hereby acce	purpose of	changing its	registered
11. Pursuant	to the provisions of Sections 607.05	e of Florida. Such change was at	uthorized	by th	he corporation	n's board of directors. I hereby acce	pt the appoir	ntment as rec	jistered
agent. I ar	m familiar with, and accept the oblig	gations of, Section 607.0505, Flor	rida Statul	tes.		oration submits this statement for the n's board of directors. I hereby acce			Į.
CICNIATURE							DATE		
51014110112	Signature, typed or printed name of registered a			agent :	signature required	when reinstating) ADDITIONS/CHANGES TO OI		ID DIRECTO	RS IN 12
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/OFFAREES TO C.		Change	☐ Addition
TITLE	P	[] DELETE			ļ				ļ
NAME	KUEN HO, WUT		1.2 NA						1
STREET ADDRESS	1210 NE 176TH ST		1.3 STF	REETA	ADDRESS			,	ļ
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33	162	1.4 CIT	Y•\$T-	ZIP			Change	Addition
TITLE	VP	☐ DELETE	2.1 TITI	LΕ				Change	
NAME	FOUNG HO MOK, YI		2.2 NA	ME		•			
STREET ADDRESS	1210 NE 176TH ST		2.3 S∏	REET /	ADDRESS	•			
i	NORTH MIAMI BEACH FL 33	162	2. 4 CF	TY-ST	r-ZIP				
CITY-ST-ZIP	T	DELETE	3.1 TIT					Change	Addition [
TITLE	JOA, JOHNNY	_	3.2 NA					;	
NAME	19355 NE 10 AVE., #208				ADDRESS				
STREET ADDRESS	19395 NE 10 AVE., #200	1170				i		•	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33	DELETE	3.4. CT 4.1 TIT		1-21-			Change	☐ Addition
TITLE		□ pere⊥e							Į.
NAME .			4. 2 N						
STREET ADDRESS					ADDRESS			•	
CITY-ST-ZIP			4.4 CI		r-zip		41	Change	☐ Addition
TITLE		☐ DELETE	5.1 TII			•			
NAME			5.2 NA		-		[eq.] [st	1.15年2月19日	,
STREET ADDRESS	.[5.3 ST	REET	ADDRESS	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
CITY-ST-ZIP				TY-ST	T-ZIP	* 1. 1. ** ** 9**(a)	2021 L. 4 282 1		7 Addition
TITLE		☐ DELETE	6.1 11	TLE				Change	Addition
NAME	1		6.2 N	AME					
PRAME STREET ADDRESS			6.3 ST	TREET	ADDRESS				
	NI		-		i				

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 attachment with an address, with all other like empowered.

SIGNATURE: