

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000026282 (0)

1. Corporation Name

SKYLAKE ENTERTAINMENT INC.



Principal Place of Business

2575 PINETREE DRIVE  
MIAMI BEACH FL 33140

Mailing Address

2575 PINETREE DRIVE  
MIAMI BEACH FL 33140

2. Principal Place of Business

2a. Mailing Address

21 3336 VIRGINIA ST

26 Suite, Apt. #, etc.

22 COCONUT GROVE

27 Suite, Apt. #, etc.

23 MIAMI FL

28 City & State

24 33133

29 Zip

25 DADE

30 Country

9. Name and Address of Current Registered Agent

LI, CHI C  
425 W. 28TH  
MIAMI BEACH FL 33140

3. Date Incorporated or Qualified

04/03/1995

3a. Date of Last Report

4. FEL Number

65-0573437

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Chi C Li

(OFFICER).

4/29/96

12. OFFICERS AND DIRECTORS

TITLE HAK CHUNG, LEE ☐ DELETE  
NAME  
STREET ADDRESS 2575 PINETREE DR (PRESIDENT)  
CITY-STATE-ZIP MIAMI BEACH FL 33140

TITLE LI, CHI C (OFFICER) ☐ DELETE  
NAME  
STREET ADDRESS 425 W. 39TH  
CITY-STATE-ZIP MIAMI BEACH FL 33140

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change

☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

☐ Change

☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

☐ Change

☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

☐ Change

☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

☐ Change

☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

☐ Change

☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplement if 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:

(PRESIDENT).

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

(305) 443-1333

CR2E034 (12/95)