

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000026550 (0)**

1. Corporation Name

ASIA LANDMARK CONSULTANT SERVICE CORPORATION



Principal Place of Business

Mailing Address

**1100 WEST AVENUE
APT. 426
MIAMI BEACH FL 33139**

**1100 WEST AVENUE
APT. 426
MIAMI BEACH FL 33139**

2. Principal Place of Business

2a. Mailing Address

21 **One Oakwood Boulevard**

26 **One Oakwood Boulevard**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 200**

27 **Suite 200**

City & State

City & State

23 **Hollywood, Florida**

28 **Hollywood, Florida**

Zip

33020

Country

USA

Zip

33020

Country

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/04/1995

3a. Date of Last Report

4. FEI Number

65-0595929

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$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

**GITU WAYNE Y
1100 WEST AVENUE
APT. 426
MIAMI BEACH FL 33139**

81 Name

Bruce J. Smoler

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

100 S.E. 2nd Street

83

Suite 3940

84 City

Miami

FL

85 Zip Code

33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the at-ve 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 607.0503, Florida Statutes.

SIGNATURE

Bruce J. Smoler

NOTE: Reg.

Agent signature required when submitting

2/5/96

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	KUANG, WEI P	
STREET ADDRESS	1100 WEST AVENUE APT. 426	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	Director, President	☒ Change ☐ Addition
2 NAME	Kin Keung Yiu	
3 STREET ADDRESS	One Oakwood Boulevard, Suite 200	
4 CITY-ST-ZIP	Hollywood, FL 33020	
5 TITLE	Director, Vice President	☐ Change ☒ Addition
6 NAME	Albert T. Lew	
7 STREET ADDRESS	One Oakwood Boulevard, Suite 200	
8 CITY-ST-ZIP	Hollywood, Florida 33020	
9 TITLE	Secretary	☐ Change ☒ Addition
10 NAME	Albert T. Lew	
11 STREET ADDRESS	One Oakwood Boulevard, Suite 200	
12 CITY-ST-ZIP	Hollywood, Florida 33020	
13 TITLE		☐ Change ☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY-ST-ZIP		
17 TITLE		☐ Change ☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY-ST-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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(954) 929-1777

Daytime Phone #

CR2E034 (12/95)