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

Mailing Address

SIGNATURE: Mei - I dea Jang Lee ( MEZ MYZ YAWE LEE)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 28 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P95000037118 (3)**

YANG KUO, INC.

Principal Place of Business

| 3649 30TH AVE N         |  | 3649 30TH AVE N                  |                        |                       |  |  |                             |
|-------------------------|--|----------------------------------|------------------------|-----------------------|--|--|-----------------------------|
| APT 1<br>ST PETE FL 337 | 13   | ST PETE FL 33713-3558            |                        |                       |  |  |                             |
| US                      |  | US                               |                        |                       | 3. Date Incorporated or Qualified 05/08/1995                                     | 3a. Date of Last R<br>03/11/1996               | leport                      |
| 2. Principal Pla        | ace of Business  | 2a. Mailing Address              |                        |                       | 4. FEI Number  | <del>-1</del>                                  | pplied For                  |
| 21                      |  | 26                               |                        |                       | 65-0581380   | No   | ot Applicable               |
| Suite, Apt #            | f, etc   | Suite, Apt. #, etc.              |                        |                       | 5. Certificate of Status Desired   | 7  | Additional                  |
| 22                      |  | 27                               |                        |                       | To Continue of Sizing Dusting  | Fee Re   | equired                     |
| City & State            |  | City & State                     |                        |                       | Election Campaign Financing     Trust Fund Contribution                          |  | May Be<br>to Fees           |
| Zip                     | Country  | Zip                              | Country                |                       | 6. This corporation has liability for i  |  | . 199.032,                  |
| 24                      | 25   |                                  | 30                     |                       |  | Yes X No                                       |                             |
|                         | 9. Name and Address of Current   | Hegistered Agent                 | 81                     | Mana                  | 10. Name and Address of New Re   | Jistered Agent                                 |                             |
| •                       | MEHHUI   |                                  | 6'                     | Name                  |  |  |                             |
| 3649<br>APT 1           | 30TH AVE N   |                                  | 82                     | Street Addre          | ess (P.O. Box Number is Not Acceptab   | le)  |                             |
|                         | TE FL 33713  |                                  | 83                     |                       |  |  |                             |
|                         |  |                                  | 84                     | City                  |  | <b>85</b> Zip                                  | Code                        |
| 11 Day and b            | the available of Contain 607 0500  | and COT 4500. Florida Statuta    | 5 tha abau             |                       |  | FL   |                             |
| office or re            | rg stered agent, or both, in the State o   | of Florida. Such change was at   | uthorized by           | the corporati         | oration submits this statement for the pion's board of directors. I hereby accep | urpose of changing it<br>it the appointment as | ts registered<br>registered |
| agent Lar               | n familiar with, and accept the obligat  | ions of Section 607.0505, Flor   | ida Statutes           | 10 1-                 | - \  | hilan  |                             |
| SIGNATURE               | Med - Au Your and a supplementation of the su | Lee (MEI-H4                      | Hanistered And         | V9 LEE                | ad when reinstating)   | 14/97<br>DATE                                  |                             |
| 12.                     | OFFICERS AND   |                                  | 13.                    | nit Bignatore require | ADDITIONS/CHANGES TO OFFICE  |  | RS IN 12                    |
| TIHE                    | D  | DELETE                           | 1.1 TITLE              | 1                     |  | Change   | Addition                    |
| NAME                    | LEE, YIH-HSIANG  |                                  | 1.2 NAME               |                       |  |  |                             |
| STREET ADORESS          | 3649 30TH AVENUE, APT 1  |                                  | 1.3 STREET             | ADDRESS               |  |  |                             |
| CITY-ST ZIF             | ST. PETERSBURG FL 33713  |                                  | 1.4 CiTY - S           | T-ZIP                 |  |  |                             |
| TITLE                   | Ď  | DELETE                           | 2.1 TITLE              |                       |  | ☐ Change                                       | Addition                    |
| NAME                    | LEE, KUANG-HSIANG  |                                  | 2.2 NAME               |                       |  |  |                             |
| STREET ADDRESS          | 3649 30TH AVENUE, APT 1  |                                  | 23 STREET              | ADDRESS               |  | 4.1  |                             |
| City St - 206           | ST. PETERSBURG FL 33713  |                                  | 2 4 CITY-S             | ST - ZIP              |  |  |                             |
| TOLE                    |  | ☐ DELETE                         | 31 TITLE               |                       |  | Change   | L Addition                  |
| NAME                    |  |                                  | 3.2 NAME               |                       |  |  |                             |
| STREET ADDRESS          |  |                                  | 3.3 STREET             |                       |  |  |                             |
| City ST Zil<br>Title    | AND THE RESIDENCE OF THE PROPERTY OF THE PROPE | ☐ DELETE                         | 3 4. CITY - S          | ST-ZIP                |  | Change   | Addition                    |
| NAME                    |  |                                  | 4.1 TITLE<br>4. 2 NAME |                       | •  | Li Unange                                      | LT VOUIDOU                  |
| STREET ADORESS          |  |                                  | 4.3 STREET             | ADDRESS               |  |  | 1                           |
| City St-2il             |  |                                  | 4.4 CiTY-S             |                       |  |  |                             |
| TOLE                    |  | ☐ DELETE                         | 51 TITLE               |                       |  | Change   | Addition                    |
| NAME                    |  |                                  | 52 NAME                |                       |  | -  |                             |
| STREET ADORESS          |  |                                  | 5 3 STREET             | ADDRESS               |  |  |                             |
| CITY ST-ZIP             |  |                                  | 5.4 CITY-S             | Y-ZIP                 |  |  |                             |
| TILLE                   |  | DELETE                           | 61 TITLE               |                       |  | ☐ Change                                       | Addition                    |
| NAME                    |  |                                  | 62 NAME                |                       |  |  |                             |
| STAFEL ADORESS          |  |                                  | 63 STREET              | ADDRESS               |  |  |                             |
| CHY ST ZII              |  |                                  | 64 City-S              |                       |  |  |                             |
| information             | nind-cated on this annual report or su   | ipplemental annual report is tro | ue and accu            | rate and that         | in Section 119.07(3)(i), Florida Statutes my signature shall have the same lega  | Leffect as if made un                          | ider oath: that I           |
| Lam an of               | heer or director of the corporation or I<br>i Block 12 or Block 13 if changed, or  | he receiver or trustee empowe    | ered to exec           | ute this report       | t as required by Chapter 607, Florida S  | latutes; and that my r                         | name                        |