

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95 0000 37850**

1. Corporation Name

Wang's Consultation, Inc.

Principal Place of Business

1300 NE 191 St

311

N Miami Beach, FL 33179

Mailing Address

1300 NE 191 St

311

N Miami Beach, FL

33179

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

Wang, Ching Kun

1300 NE 191 St, #311

N Miami Beach, FL 33179

3. Date Incorporated or Qualified

5/12/95

3a. Date of Last Report

4/8/96

4. FEI Number

65-0580604

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

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 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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

(Signature typed or printed in block of registered agent and file if applicable)

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11.2 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11.3 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11.4 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11.5 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11.6 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11.7 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11.8 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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SIGNATURE

Ching Kun Wang

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

DATE

Daytime Phone #

**305-
9451949**

CR2E034 (9/96)