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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

| DOCUMENT # P95000037909 (5)  MINH PHAT, INC.   |  |  |                     |  |  |   | ) Marijari de dome anju ariju e  |   | 14114 1 <b>4 11 11</b>                             | HI <b>e</b> fil jen len                       |
|--|--|--|---------------------|--|--|---|--|---|--|---|
| Principal Place  | of Rusiness  | · ·  | Ma                  | Iliaa Addagoo  |  |   |  |   |  |   |
| 2015 ECHO<br>WEST PALM   | LAKE DR.   |  | 2                   | Mailing Address  2015 ECHO LAKE DR. WEST PALM BEACH FL 33407 |  |   |  |   |  |   |
|  |  |  |                     |  |  |   | 3. Date Incorporated or Qualifier 05/11/1995                                     | d <b>3a</b> . Da                                    | ite of Last I                                      | Report  |
| 2. Principal Pl  | ace of Busin   | ess  | 2a.                 | Mailing Address  | 7  |   | 4. FÉI Number  |   | ———  | Applied For                                   |
|  |  |  | 26                  | 26   |  |   | 65-0581789   |   | ļ  | Not Applicable                                |
| Suite, Apt. #, etc.  |  |  | Suite, Apt. #, etc. |  |  | 5. Certificate of Status Desired  | Г  |   | 5 Additional                                       |   |
| City & State   |  |  | City & State        |  |  |   |  |   | Fee Required                                       |   |
| 3  | ,  |  | 28                  | City & State   |  |   | 6. Election Campaign Financing Trust Fund Contribution                           |   |  | 00 May Be                                     |
| Zip  |  | Country  |                     | Zip  | Country  |   | This corporation has liability for   | or intangible                                       |  | ed to Fees<br>199 032                         |
| 4  |  | 25   | 29                  |  | 30   |   |  | es 🔲 No   | ton Bridge (                                       | , 100.002,                                    |
|  | 9. Name  | and Address of Curre   | ent Registe         | ered Agent   |  | Г   | 10. Name and Address of New  | Registered  | Agent  |   |
| ICC MI   | MLI  |  |                     |  | 81   | Name  |  |   |  |   |
| LEE, MINH<br>2015 ECHO LAKE DR.  |  |  |                     |  |  | Street Add  | dress (P.O. Box Number is Not Acceptable)  |   |  | ***************************************       |
|  |  | H FL 33407   |                     |  | 83   |   | · · · · · · · · · · · · · · · · · · ·  |   |  |   |
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|  |  |  |                     |  | B4   | City  |  | FI  | 85 Z   | ip Code                                       |
|  |  |  |                     |  |  |   |  | L L   | _  |   |
| familiar wit   |  | ons of Sections 607,050<br>both, in the State of Flo<br>pt the obligations of, Sec |                     |  |  | named corpo<br>oration's boa  | oration submits this statement for the pard of directors. I hereby accept the ap | <del></del>   | nanging its<br>s registered                        | registered office<br>d agent. I am            |
| familiar wit   | h, and acce  |  | ction 607.0         | 505, Florida Statute   |  | oration s doa   | ard of directors. I hereby accept the ap   | <del></del>   | nanging its<br>s registered                        | registered office<br>d agent. I am            |
| familiar wit   | h, and accep   | pt the obligations of, Sec   | ction 607.0         | plicable. (N   | ized by the corp<br>es.  | oration s doa   | ard of directors. I hereby accept the ap   | ourpose of chappointment a                          | s registered                                       | d agent. I am                                 |
| familiar wit SIGNATURE   | h, and acception of the state o | pt the obligations of, Sec<br>or printed name of registered ago<br>OFFICERS Af     | ction 607.0         | 505, Florida Statute   | IOTE: Registered Agen  1.1 TITLE   | oration s doa   | ard of directors. I hereby accept the ap   | purpose of chappointment a  DATE  FICERS AN         | s registered                                       | d agent. I am                                 |
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SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13/1/96 (401) 966-2802

CR2E024 (12/9)