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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 21 1997 8:00am

Secretary of State

Secretary of State
Division OF CORPORATIONS

DOCUMENT # P95000052110 (0)

WAI MING, INC.

:						
Principal Place	e of Business	Mailing Address			ı inaşınes ina səsəi ərşii əmiri	COLL CELL CAND WILL LINGS LINGS TRAIT DANS INC.
PEMBROKE PIN	8T. ISS FL-89024	6350 NW 7TH ST. PEMBROKE PWES FL 60))24-0040 -			
· •					3. Date incorporated or Qu 07/06/1995	ualified 3a. Date of Last Report 05/01/1996
2. Principal Pi	lace of Business OS S. DIME HWY	2a. Mailing Address 26 /8999 B1	SCAN	ue blu	4. FEI Number 65-0595655	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	200	YY	5. Certificate of Status Des	\$9.75 Additional
City & State	9	City & State	<i>1</i> 43	<u> </u>	6. Election Campaign Fina	
23 MIA	MI, FL	28 AVENTO	uRA,	R	Trust Fund Contribution	Added to Fees
. Zip 24 みろし		29 33180	30	DADE	Florida Statutes	pility for intangible tax under s. 199.032,
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of	New Registered Agent
LEUI	NG, JOHN	•		Name		·
PEM	BROKE PINES FL 83024			82 Street A	1994 BOS CATINE NOT	gentable)
				83	SUTE 205	
				84 City	AVENTURA	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508, Florida Stat	utes, the	above-named c	orporation submits this statement	for the purpose of changing its registered
office or r agent. La		it Florida. Such change was ions of, Section 607.0505, f	s authoriza Florida Sta	ed by the corpo atules.	ration's board of directors. I here	by accept the appointment as registered
SIGNATURE	W ATHIN CUMA	JOHN EUN				(6) 17 18 V
		and title if applicable. (No	OTE Register	ed Agent signature re	quired when reinstating) ADDITIONS/CHANGES 1	O OFFICERS AND DIRECTORS IN 12
SIGNATURE 12.	OFFICERS AND	and title if applicable. (No	OTE Register 13.	ed Agent signature re	······································	DATE O OFFICERS AND DIRECTORS IN 12 Change Addition
12.	OFFICERS) DPT LEUNG, JOHN	and title if applicable. (NO DIRECTORS	OTE Register 13.	ed Agent signature re	······································	
12.	OFFICERS AND DPT LEUNG, JOHN 8350 NW 7TH ST.	and title if applicable. (NO DIRECTORS	OTE Register 13. 1.1	ed Agent signature re	······································	
112. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DPT LEUNG, JOHN 8350 NW 7TH ST. PEMBROKE PINES FL 33024	and tile II applicable. (Ni DIRECTORS DELETE	OTE Register 13. 1.1 1.2 1.3 1.4	ed Agent signature re . TITLE NAME STREET ADDRESS CITY-ST-ZIP	······································	☐ Change ☐ Addition
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12. TITLE NAME STREEF ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS MODE DPT LEUNG, JOHN 8350 NW 7TH ST. PEMBROKE PINES FL 33024 DVS LEUNG, TOY WEN	and tile II applicable. (Ni DIRECTORS DELETE	OTE Register 13. 1.1 1.2 1.3 1.4 2.1 2.2	ed Agent signature re TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	······································	☐ Change ☐ Addition
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14. If do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 is Epick 13 if changed, or on an attachment with an address.