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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000068616

1. Corporation Name

C L GROUP INTERNATIONAL, INC.

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90054 050 ***150.00



Principal Place of Business

10140 NW S RIVER DR
MEDLEY FL 33178

Mailing Address

10140 NW S RIVER DR
MEDLEY FL 33178

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

27

22 City & State

28 City & State

24 Zip Country

29 Zip

Country

30

9. Name and Address of Current Registered Agent

WONG, SUI(RICKY)
7555 SOUTHWEST 142 STREET
MIAMI FL 33158

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 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WONG, SIU H		1.2 NAME
STREET ADDRESS	7555 SW 142ND ST		1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33158		1.4 CITY-ST-ZIP
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDINO, SILVO J		2.2 NAME
STREET ADDRESS	6251 SOUTHWEST 79 STREET		2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33143		2.4 CITY-ST-ZIP
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WONG, SUI HUNG		3.2 NAME
STREET ADDRESS	6251 SOUTHWEST 79 STREET		3.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33143		3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

14. I 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 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard J. Harris REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/99

(305) 888-3800

Date

Daytime Phone #

CR2E034 (11/98)