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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000069142

YAU'S CORPORATION

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90207 014 ***150.00



Principal Place of Business Mailing Address								
6142 WAUCONDA WAY EAST 6142 WAUCONDA WAY EAST								
LAKE WORTH FL 33463		LAKE WORTH FL 33463			DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualifed			
					09/05/1995			
2 Principal P	Place of Business	2a. Mailing Address			4. FEI Number	17	Applied For	
21 912 NORTH LAKE BLUD 26							Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.			_	\$8.75	Additional	
22		27			5. Certificate of Status Desired	Fee F	Required	
City & State City & State					6. Election Campaign Financing	\$5.00	May Be	
23 LAK	28			Trust Fund Contribution		d to Fees		
Zip	E PARK FL Country	Zip	Country	1	8. This corporation owes the current year Int	tangible	•	
33 40	25 USA	29 30	可		Personal Property Tax.	Z Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent		
		- —	81	Name				
YAU, CHAU-FUN				Street Add	fress (P.O. Box Number is Not Acceptable)			
6142 E. WAUDONDA WAY			82					
LAK	E WORTH FL 33463		83					
			84	City		85 Zip	Code	
]]		FL poration submits this statement for the purpose of	-		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND		egistered Age	nt signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECT	ORS IN 12	
12.	T	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO GIT IDENCYAL	Change		
TITLE	D VALL CHALLEUM		1.2 NAME					
NAME	YAU, CHAU-FUN 6142 E. WAUDONDA WAY			T ADDRESS	•			
STREET ADDRESS	LAKE WORTH FL 33463		14 CITY-5		•			
CITY-ST-ZIP TITLE	DAKE WORTH FE 35463	☐ DELETE	2.1 TITLE	,,,,		☐ Change	Addition	
NAME		_	2.2 NAME		•			
STREET ADDRESS			2.3 STREE	TADDRESS				
CITY-ST-ZIP			2. 4 CITY-	1		•		
TITLE		☐ DELETE	3.1 TITLE			Change	Addition	
NAME		_	3.2 NAME					
STREET ADDRESS			J	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-		<u></u>			
TITLE		☐ DELETE	4.1 TITLE			Change	e 🔲 Addition	
NAME			4 2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	e 🔲 Addition	
NAME			5.2 NAME	j				
STREET ADDRESS			5.3 STREE	TADDRESS				
CITY-ST-ZIP			5 4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		· — — · — · — · — · — · — · — · · · · ·	Change	e 🔲 Addition	
NAME		ļ	6.2 NAME	-				
STREET ADDRESS			6.3 STREE	T ADDRESS				
			64 CDY-5	T-7IP				

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:

CLOSSICHTYONS REGAURCHAU-FUN

1/18/99

(561) 6 881-8861

CR2E034 (11/98)