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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90133 021 ***150.00

DOCUMENT #	P95000070689
DOCOÍNEM #	P9000001009

1. Corporation Name

JUSHU	MIE ING.									
Principal Plac	rincipal Place of Business Mailing Address					-	HIIF BOUIL BOUIL	19811 BBB BBB	LOCAL PORT TO DE	
	18495 S DIXIE HIGHWAY					The state of the s	-	* 154 .g	ulfe ti leigies Amille - Til	• =
MIAMI FL 33157 MIAMI FL 33157				DO NOT WRITE IN THIS SPACE						
						3. Date Incorporated or Qualifed		. J J.	-	ı
						09/08/1995				
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		Ap	olied For	
21		26				65-0611634			Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.					\$8.75 A		1
22		27				5. Certifcate of Status Desired		Fee Re	<u> </u>	ł
City & Sta	te	City & State				6. Election Campaign Financing		\$5.00 Added to		
23 Zip	Country	28	Cou	intry		Trust Fund Contribution 8. This corporation owes the cur	ont year In		0 1 663	ı
24	25	29	30			Personal Property Tax.	en year m		□No	
	9. Name and Address of Curi		1001			10. Name and Address of New	Registered	Agent		
				81	Name		•			
	AN, MEERA			82	Street Addre	ss (P.O. Box Number is Not Accept	able)		-	
	O DOMINICAN DRIVE									
MIA	MI FL 33189			83						
				84	City			85 Zip (Code	1
						ration submits this statement for the	FL	_		ļ_ <u>_</u>
SIGNATURE	Signature, typed or printed name of registered a				signature required v	when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AI	ND DIRECTO	RS IN 12	1 5
12.	PD	DELETE	1.1 TF	TLE		ADDITIONAL TO US	170011071	☐ Change	Addition	
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CITY-ST-ZIP	MIAMI FL 33189									}
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CITY-ST-ZIP	3	☐ DELETE	2.1 TT 2.2 N/	TLE AME	ADDRESS		√ *1 ·		☐ Addition	
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NIABLE	3	☐ DELETE	2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI	TLE AME TREET A SITY-ST- TLE	ADDRESS				Addition	
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR