## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)



FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORTS 1996	REPORT Secretary of State						
DOCUMENT 1. Corporation Name WEBPAGE INTE	# P9500 RNATIONAL, INC	00738	70 (4)	)		I HARINTAN ING LANGK BINN BERN BANK BA	IJI 88114 18848 14110 148411 18814 8814 4884
Principal Place of Business	\$	Mai'ıng Ad	dress				
12738 NW 102 AVE HIALEAH GARDENS FL 3	9016		v 102 ave Gardens Fl	33016		Date Incorporated or Qualified	3a. Date of Last Report
Principal Place of Busin	2a. Mailing	Address			09/25/1995 4. FEI Number- factual for	Applied For Not Applicable	
Suite, Apt #, etc		Suite Apt. #, etc.			5. Cert-licate of Status Pesired	\$8.75 Additional Fee Required	
City & State	28	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25 and Address of Curre	Zip 29		Count 30	'y	This corporation has liability for in Florida Statutes      Name and Address of New Reg.	Yes 🔀 No
office or registered ag agent. I am familiar w	ins of Cost on CO7 OF	e of Florida, Such.	change was a	authorized b	4 City ve-named of the corporate to the	corporation submits this statement for the pu oration's board of directors. I hereby accept	FL 85 Zip Code rpose of changing its registered the appointment as registered
SIGNATURE Signature type:	For printed name of registered as		0/4)		gent signal in:	required when romstating)	DATE
12. TITLE D NAME TANG	OFFICERS A	ND DIRECTORS	DELETE	13. 11 TIT. (		ADDITIONS/CHANGES TO OFFICE PRESIDENT TERRY KWONG	Change X Addition
STREET ADDRESS 12738	NW 102 AVE AH GARDENS FL 33	016		1.3 STRE	ET ADORESS -ST-Zip		
TITLE NAME STREET ADDRESS			DELFTE	2 1 TITL 2 2 NAM 2 3 STRI			Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			DELETE	3 1 TITL 3 2 NAM			Change Addition
CITY - ST - ZIP TITLE NAME STREET ADDRESS			DELETE	4 1 HTL 4 2 NA			Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			DELETE	4 4 CITY 5 1 TITE 5 2 NAM	- ST - ZIP		Change Addit or
CITY - ST - 7IP  TITLE  NAME  STREET ADDRESS		Ţ	DELETE	5 4 CIT 6 1 TITU 6 2 NAM	'-S <sup>†</sup> -ZIP E		Change Addition
CITY-ST-ZIP  14. I do hereby certify the further certify that the made under cath, the	einformation indicated o	on this annual repo	ort or supplen	64 CIT furnished an nental annua peiver or fru	r-SI-ZIP d does not al report is stee empo	t qualify for the exemption stated in Section 1 true and accurate and that my signature sha wered to execute this report as required by 0	il have the same legal effect as if :

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

826 - 7857 Daytos Phone #