PROFIT
CORPORATION
ANNUAL REPORT
1999

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

FILED
Mar 17, 1999 8:00 am
Secretary of State
03-17-1999 90008 045 ***150.00
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1. Corporation Name

YAU KEE TRADING CO.

Principal Place of Business	Mailing Address
420 N.E. 10TH WAY BLDG A POMPANO BEACH FL 33064	21573 SAN GERMAIN AVE BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
12/04/1995

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30

4. FEI Number APPLIED FOR *65-0626755* ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒   **$8.75** Additional Fee Required

6. Election Campaign Financing ☐   **$5.00** May Be Added to Fees
Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WU, MINDY 21573 SAN GERMAIN AVENUE BOCA RATON FL 33433	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

CR2E034 (11/98)

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1 1 TITLE		☐ Change	☐ Addition
NAME	WU, MINDY		1 2 NAME			
STREET ADDRESS	21573 SAN GERMAIN AVENUE		1 3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33433		1 4 CITY-ST-ZIP			
TITLE		☐ DELETE	2 1 TITLE		☐ Change	☐ Addition
NAME			2 2 NAME			
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP			2 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3 1 TITLE		☐ Change	☐ Addition
NAME			3 2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3 4 CITY-ST-ZIP			
TITLE		☐ DELETE	4 1 TITLE		☐ Change	☐ Addition
NAME			4 2 NAME			
STREET ADDRESS			4 3 STREET ADDRESS			
CITY-ST-ZIP			4 4 CITY-ST-ZIP			
TITLE		☐ DELETE	5 1 TITLE		☐ Change	☐ Addition
NAME			5 2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			5 4 CITY-ST-ZIP			
TITLE		☐ DELETE	6 1 TITLE		☐ Change	☐ 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: X _____ *President*   X 1-13-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #