

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000095981 (3)**

1. Corporation Name

SUPER Y CORPORATION



Principal Place of Business

**17340 NW 62ND PL.
MIAMI FL 33015**

Mailing Address

**17340 NW 62ND PL.
MIAMI FL 33015**

3. Date Incorporated or Qualified
12/18/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **12391 W. Sunrise Blvd.**

26 **20708 BISCAYNE BLVD.**

4. FEI Number
65-0634064

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

City & State

City & State

23 **Plantation, FL**

28 **N. MIAMI BEACH, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 **33323**

25 **Broward**

29 **33180**

30 **DADE**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEE, DICK R
3250 MARY ST., STE. 202
COCONUT GROVE FL 33133**

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 ☐ DELETE
NAME **D CHEN, KOK F**
STREET ADDRESS **17340 NW 62ND PL.**
CITY- ST- ZIP **MIAMI FL 33015**

1 TITLE ☐ Change ☒ Addition
NAME **V CHOY, Shek Chuen**
12 NAME **20708 Biscayne Blvd.**
13 STREET ADDRESS **N. Miami Beach, FL 33180**
14 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

2 TITLE ☐ Change ☐ Addition
NAME
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

3 TITLE ☐ Change ☐ Addition
NAME
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

4 TITLE ☐ Change ☐ Addition
NAME
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

5 TITLE ☐ Change ☐ Addition
NAME
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6 TITLE ☐ Change ☐ Addition
NAME
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-96 (305) 35-7532
Date Daytime Phone #

CR2E034 (12/95)