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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000095981

SUPER Y CORPORATION

Principal Plac	e of Business	Mailing Address			T (BROSÉ DE SER TODOS BUSTO DO DE CARACE	Aren Maria hafar Ainea dana	i initer i ne réne
12391 W. SUNRISE BLVD PLANTATION FL 33323		12391 W SUNRISE BLVD PLANTATION FL 33323	·· ·· •• · •·-				
US US					DO NOT WRITE IN THIS SPACE		
					Date Incorporated or Qualifed 10/10/1005		
3 Dringing D	Mana of Business	2a. Mailing Address	-		12/18/1995 4. FEI Number	Δε	pfied For
	Place of Business	2a. Maining Address			65-0634064	<u> </u>	ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75	Additional
22	,	27			5. Certificate of Status Desired	Fee Ro	equired
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28		•	Trust Fund Contribution	Added Added	to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the current		
24	25	29	30		Personal Property Tax.	Yes_	□No
	9. Name and Address of	Current Registered Agent	8	1 Name	10. Name and Address of New Reg	istered Agent	
I FF	, DICK R	•	Ľ	, realitie			
	MARY ST., STE. 202		8	2 Street Add	dress (P.O. Box Number is Not Acceptable	•)	
	CONUT GROVE FL 33133	•	8	3		3.4	
			8	4 City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 60	07,0502 and 607,1508, Florida Statu	authorized b	ve-named cor	rporation submits this statement for the pur tion's board of directors. I hereby accept the	pose of changing its ne appointment as re	registered egistered
office or agent. I a	am familiar with, and accept the	obligations of, Section 607.0505, Fi	lorida Statute	es. 			***
∜ agent. I a SIGNATURE	am familiar with, and accept the Signature, typed or printed name of registe	obligations of, Section 607.0505, Figure 4 agent and title if applicable. (NO	lorida Statute	es. 	red when reinstating)	DATE	14.
🧐 agent. I a	am familiar with, and accept the Signature, typed or printed name of registe	obligations of, Section 607.0505, Fi	lorida Statute	ent signature requir		DATE	14.
agent. I a SIGNATURE	Signature, typed or printed name of registr	obligations of, Section 607.0505, Flored agent and title if applicable. (NOTERS AND DIRECTORS	Iorida Statute TE: Registered Ag 13.	ent signature requir	red when reinstating)	DATE ERS AND DIRECTO	DRS IN 12
agent. I a SIGNATURE	am familiar with, and accept the Signature, typed or printed name of registr OFFICE P CHEN, KOK F	obligations of, Section 607.0505, Flored agent and title if applicable. (NOTERS AND DIRECTORS	TE: Registered Ag 13. 1.1 TITLE 1.2 NAM	ent signature requir	red when reinstating)	DATE ERS AND DIRECTO	DRS IN 12
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agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	am familiar with, and accept the Signature, typed or printed name of registr OFFICE P CHEN, KOK F 17340 NW 62ND PL	e obligations of, Section 607,0505, Filtered agent and title if applicable. (NO SERS AND DIRECTORS DELETE	TE: Registered At 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY	ent signature requirement signature requirem	red when reinstating)	DATE ERS AND DIRECTO	DRS IN 12 ☐ Addition
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14. I hereby certify that the information supplied with this affing 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 aprual 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

CITY-ST-ZIP

FILED

Jan 20, 1999 8:00am

Secretary of State

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01-20-1999 90009 024 ***150.00