FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

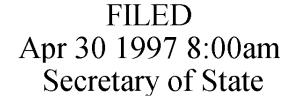
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600005744 (3)

VINH-YEN CORPORATION

Principal Pla	ce of Business
1431 49TH ST	

Mailing Address





1431 49TH ST 1 GULFPORT FL :				1 49TH ST S LFPORT FL 33707-4353							
								3. Date Incorporated or Qualified 01/17/1996	3a. Da	ite of Last	Report
2. Principal P	lace of Business		2a.	Mailing Address		•		4. FEI Number		I A	Applied For
21			26					59-33566	B		Not Applicable
Suite, Apt.	#, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired		-	Additional Required
City & State	8		28	City & State				Election Campaign Financing Trust Fund Contribution			D May Be d to Fees
Zip 24	25	untry	29	Zip	30	untry		8. This corporation has liability for Florida Statutes	intangible		s. 199.032,
		dress of Current		tered Agent	1221	Ţ		10. Name and Address of New R	egistered	Agent	
100	NG, VINH					81	Name		,		
	49TH ST S							(O.O. Baraklanda in National	LI-V		
	FPORT FL 33707					82	Street Ad	dress (P.O. Box Number is Not Accepta	DIO)		
GOL	77 0,11 12 0010.					83					
						84	City		FL	85 Zig	o Code
11. Pursuant office or r agent. I a	to the provisions of legistered agent, or am familiar with, and	Sections 607.0502 both, in the State o accept the obligat	and 6 of Florid ions o	07.1508, Florida Statu da. Such change was I, Section 607.0505, Fl	tes, the a authorize lorida Sta	above ed by	I e-named co / the corpor s.	rporation submits this statement for the ation's board of directors. I hereby acce		changing ointment a	its registered is registered
SIGNATURE											
	Signature, typod or printed	****					nt signature rec	ulred when reinstating)	DATE	DIDECTA	200 10 40
12.	I N	OFFICERS AND	DIREC	DELETE	18			ADDITIONS/CHANGES TO OFF	ICEHS ANI	Change	
TITLE	D D					IIILE					, Modition
NAME	LUONG, VINH 4337 30TH AVE	M				NAME					
STREET ADDRESS	ST PETERSUBR						ADDRESS				
CITY-ST-ZIP	OI PETENOUDIN	G FL 551 15		DELETE		CITY-S TITLE	II - ZIP			Change	Addition
TITLE NAME						NAME	ļ				/
							ADDRESS				
STREET ADDRESS											
CITY-ST-ZIP TITLE				DELETE		GILT-3 TITLE	ST-ZIP	·· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME				<u></u>		NAME				tara contrago	
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP							ST-ZIP				
TITLE				DELETE		THLE	31-11			Change	Addition
NAME					4. 2	NAME					
STREET ADDRESS							ADORESS				
CITY-ST-ZIP						CITY - S					
TITLE	 -			DELETE		HILE				Change	Addition
NAME					52	NAME					
STREET ADDRESS	1						ADDRESS				
CITY-ST-ZIP	1						61 - ZIP				
TITLE				DELETE		lille				Change	a Addition
NAME						NAME				·	
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP						CITY-S					
	by certify that the in	formation supplied	with t	his liling does not qual				ed in Section 119.07(3)(i), Florida Statul	es. I furthe	r certify the	at the

mpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name in address.