FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #P96000016772

Apr 24, 2003 8:00 am Secretary of State 04-24-2003 90214 018 ***150.00

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	DO NOT WRITE	IN THIS	SPAU	E		•
2. Principal P	lace of Business	3. Mailing Address		To the second		
8341 N.W. 12 St.		8341 N.W. 12 St.		•		
Suite, Apt,	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS S	SPACE
City & State Miami, Florida		City & State Miami, FL		క్రు	4. FEI Number	Applied For Not Applicable
Zip Country		Zip 33184 Country Miami-Dade				\$8.75 Additional
33184	<u> Miami-Dade</u>	33184	Mila	mii-bade	7. Name and Address of Current Registered	Fee Required
				Name Monc	y Yuk Sum	Agoni
	DO NOT W	RITE	Street Address (P		O. Box Number is Not Acceptable)	
IN THIS SPACE					10 S.W. 32 Terrace	
				City Mian	ni FL	Zip Cod@3185
		<u> </u>	20000			33.30
8. The above	named entity submits this statement fo	r the purpose of changing	its registere	d office or register	red agent, or both, in the State of Florida.	
SIGNATURE .	· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·
	Signature, typed or printed name of registered agent :			Agent signature required	d when reinstating) DATE	
	oration is eligible to satisfy its Intangible equirement and elects to do so.	After M	ay 1, Fee I		10. Election Campaign Financing	\$5.00 May Be
(See criter		Amen Make Check Pa	ded UBR I: yable to De		Trust Fund Contribution.	Added to Fees
11.	OFFICERS AND	DIRECTORS	75%	s grangeness er		
TITLE NAME	DP WONG, Yuk Sum)TILE	经基础的条件 医结合性		
STREET ADDRESS	15340 SW 32 Terrac	e	3,43,56	T ADDRESS		
CITY-ST-ZIP	Miama, FL 33185		Çîry.	ST-ZIP		
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TITLE	Miami, FL 33185		MITTLE			
NAME			NAME			
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CITY-ST-ZIP			9,80000	ST-ZIP		
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STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	* -	Contract of the second	T ACORESS .		
CITY-ST-ZIP			CITY	S1-2P		的数据,这是是一种的数据的

13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Maruca Wong Daytime Phone 2