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

PROFIT CORPORATION ANNUAL REPORT

1999

A PARTY OF THE PARTY OF THE



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000044495

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90018 033 ***150.00

CHO'S T	FRADE, INC.								
Principal Place	e of Business	Mailing Address					JERNA ANDRI BIANK BII	6) 0 3 0 1 1	
2045 SW 61ST AVENUE 2045 SW 61ST AVENUE MIRAMAR FL 33023 MIRAMAR FL 33023						DO NOT WRITE IN T	HIS SPACE		
ζ,						3. Date Incorporated or Qualifed			
	,					05/24/1996			ĺ
2 Principal P	lace of Business	2a. Mailing Address			_	4. FEI Number	 ,	Applied For	
21		26				65-0679122	₩	Not Applicable	ı
Suite, Apt.	#, etc.	, Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional Required	
	e		City.& State			6. Election Campaign Financing	\$5.0	0 May Be	ĺ
23		28			-	Trust Fund Contribution		d to Fees	į
Zip	Country	Zip				8. This corporation owes the current year Intangible			
24	25 29 30		30			Personal Property Tax.	Yes	No	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registe	red Agent		
			Į,	81	Name				l
	, KWOK H		-	82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
	O BISCAYNE BLVD.								
	TH MIAMI FL 33181	Entropy of the Art. The property of the English	\$ 38.00 m 20						
4 to 45 to	·····································	Prophosic Configuration	<u> </u>	84 City			FL 85 Zi	p Code	
11 Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Stat	tutes, the ab	ove	-named corp	poration submits this statement for the purpos	e of changing	its registered	ĺ
l office or n	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was	authorized	DY I	tne corporation	on's board of directors. I hereby accept the a	opointment as	registered	
SIGNATURE	Signatury typed or printed name of registered ag	cost and little if applicable /NC	TC: Registered 6	Agent	t signature require	d when reinstating) DATI	<u> </u>	77	
12.		AND DIRECTORS .	13.	goni	r angriculo i oquilo	ADDITIONS/CHANGES TO OFFICERS		TORS IN 12	l
TITLE	PD	☐ DELETE	_	.1 TITLE			Change		
NAME	CHO, KWOK H		1.2 NAA	νE					
STREET ADDRESS	2045 SW 61ST AVENUE		1.3 STF	REET.	ADDRESS				l
CITY-ST-ZIP	MIRAMAR FL 33023		1.4 CIT	Y-ST	r-ZIP				
TITLE	VD	☐ DELETE	2.1 TITL	LE			☐ Chang	e 🔲 Addition	(
NAME :	CHO, SOO S		2.2 NAM	ΜE				Í	l
STREET ADDRESS			2.3 STF	2.3 STREET ADDRESS				l	l
CITY-ST-ZIP	MIRAMAR FL 33023	2.4		Y-S1	T-ZIP				,
TITLE		DELETE	3.1 ΠΠ	Æ			Chang	e Addition	٠
NAME			3.2 NAM	ME			•		
STREET ADDRESS			3.3 STF	REET	ADDRESS				1
CITY-ST-ZIP	·	<u> </u>	3.4, CIT	Y-SI	T- ZIP				
TITLE		☐ DELETE	4.1 TITL	LE			☐ Chang	e Addition	ĺ
NAME.			4. 2 NA	ME				į	
STREET ADDRESS			4.3 STF	REET	ADDRESS				1
CITY-ST-ZIP			4,4 CIT	Y-ST	r-ZIP				l
TITLE		☐ DELETE		5.1 TITLE			☐ Chang	e 🗀 Addition	ı
NAME			5.2 NAM		İ				ĺ
SÆREET ADDRESS			5.3 STR	REET	ADDRESS				١
CITY-ST-ZIP			5.4 CIT		r-zip				
TITLE		#·-		1 TITLE		•	☐ Chang	e Addition	ĺ
NAME			6.2 NA		1			i	ĺ
STREET ADDRESS			6.3 STF	REET	ADDRESS				į

14. I heraby 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.

6.4 CITY-ST-ZIP

SIGNATURE: 2

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR