

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

FILED  
May 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000054886 (2)**

1. Corporation Name  
**HOANG & VO CORP.**



Principal Place of Business <del>5601 49TH STREET</del> <del>NORTH BUILDING A, UNIT 182</del> <del>ST. PETERSBURG FL 33709</del>	Mailing Address <del>5601 49TH STREET</del> <del>NORTH BUILDING A, UNIT 182</del> <del>ST. PETERSBURG FL 33709-2105</del>
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2. Principal Place of Business 21 <b>5791 49th St.N.</b> Suite, Apt. #, etc. 22 City & State 23 <b>St. Pete, FL 33709</b> 24 25	2a. Mailing Address 26 <b>5791 49th St.N.</b> Suite, Apt. #, etc. 27 City & State 28 <b>St. Pete, FL 33709</b> Zip Country 29 30
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3. Date Incorporated or Qualified <b>06/27/1996</b>	3a. Date of Last Report
4. FEI Number <b>59-3389201</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**HOANG, PHUONG N**  
~~917 39TH STREET NORTH~~  
~~SUITE 107~~  
~~ST. PETERSBURG FL 33713~~

81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83 <b>5791 49th St.N.</b>	
84 City	85 Zip Code
<b>St. Pete, FL</b>	<b>FL 33709</b>

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]* DATE **6/29/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>PD HOANG, PHUONG N</b>
STREET ADDRESS	<b>917 39TH STREET NORTH, SUITE 107</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33713</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>STD HOANG, PHUONG N</b>
STREET ADDRESS	<b>917 39TH STREET NORTH, SUITE 107</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33713</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>President, Vice President,</b>
1.3 STREET ADDRESS	<b>and Secretary/ Treasurer</b>
1.4 CITY-ST-ZIP	<b>HOANG, Phuong</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>5791 49th St.N.</b>
2.3 STREET ADDRESS	<b>St. Pete, FL 33709</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby 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.

SIGNATURE *[Signature]* DATE **6/29/97**

CR2E034 (9/96)