

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90082 044 \*\*\*150.00

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1. Corporation Name

PLATINUM INVESTMENT REALTY, INC.

Principal Place of Business

1140 NE 163RD ST. SUITE 28  
N MIAMI BEACH FL 33162

Mailing Address

1140 NE 163RD ST. SUITE 28  
N MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1996

4. FEI Number

65-0704555

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 800 NORTH OCEAN DRIVE  
Suite Apt. #, etc.

22 28  
City & State

23 HOLLYWOOD, FL  
Zip Country

24 33019 25 USA

2a. Mailing Address

26 800 NORTH OCEAN DRIVE  
Suite Apt. #, etc.

27 28  
City & State

28 HOLLYWOOD, FL  
Zip Country

29 33019 30 USA

9. Name and Address of Current Registered Agent

NG, MANSON  
1140 NE 163RD ST. SUITE 28  
N MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name  
NG, MANSON

82 Street Address (P.O. Box Number is Not Acceptable)

83 800 NORTH OCEAN DRIVE, SUITE 28

84 City  
HOLLYWOOD

FL

85 Zip Code  
33019

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME NG, MANSON  
STREET ADDRESS 1140 N.E. 163RD ST. STE 28  
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE S ☐ DELETE

NAME CHAN-NG, IENG  
STREET ADDRESS 1140 N.E. 163RD ST. STE 28  
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 800 NORTH OCEAN DRIVE, SUITE 28  
1.4 CITY-ST-ZIP HOLLYWOOD, FL 33019

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 800 NORTH OCEAN DRIVE, SUITE 28  
2.4 CITY-ST-ZIP HOLLYWOOD, FL 33019

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99

Date

954-922-8188

Daytime Phone #

CR2E034 (11/98)