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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zip

P96000090057 (6)

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27

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Zip

MINGWAH, INC.

Principal Place of Business	Mailing Address			
7148 NOB HILL ROAD TAMARAC FL 33321 US	9840 N.W. 28 COURT CORAL SPRING FL 33065			

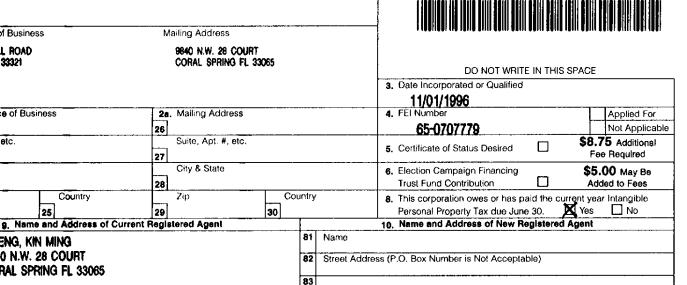
Country

25

CORAL SPRING FL 33065

CHENG, KIN MING 9840 N.W. 28 COURT

FILED Jan 27 1998 8:00am Secretary of State



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: Re	egistered Agent signature	required when reinstating)	DATE				
12.	OFFICERS AND DIRECTORS		13.		GES TO OFFICERS AN	D DIRECTOR	S IN 12		
TITLE	D	DELETE	1.1 TITLE			Change	Addition		
NAME	CHENG, KIN MING		1.2 NAME						
STREET ADDRESS	9840 N.W. 28 COURT		1.3 STREET ADDRESS						
CITY-ST-ZIP	CORAL SPRING FL 33065		1.4 CITY-ST-ZIP						
TITLE		DELETE	2.1 TITLE			Change	Addition		
NAME			22 NAME						
100			2.3 STREET ADDRESS						
CITY-ST-ZIP			2 4 CITY-ST-ZIP						
THLE		DELET e	3.1 TATLE			☐ Change	Addition		
NAME			3.2 NAME						
STREET ADDRESS			3 3 STREET ADDRESS						
CITY-ST-ZIP			3.4. CITY - ST - ZIP						
TITLE		DELETE	4.1 TITLE			☐ Change	Addition		
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY - ST - ZIP						
TALE		ELETE .	5.1 TITLE			☐ Change	☐ Addition		
NAME			5.2 NAME				}		
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY - ST - ZIP						
TITLE		DEL ete	6.1 TITLE			Change	Addition		
NAME	4.5		6.2 NAME						
STREET ADDRESS	,		6.3 STREET ADDRESS						
CITY - ST - ZIP			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.

85

Zip Code