FILED

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90083 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600090850

1. Corporation Name

MINH CORPORATION

									INI NIKI NNIKENE	
Principal Place of Business Mailing Address						- 1				
119 E NINE MILE RD 119 E MILE RD										
PENSACOLA FL 32514 PENSACOLA FL 32514										
US		US	US			!	DO NOT WRITE IN THIS SPACE			
						3.	3. Date Incorporated or Qualifed			
İ				11/			11/01/1996			
2. Principal Place of Business 2a. Mailing Address						4.	. FEI Number		Applied For	
21	•	26					59-3407954	>	Not Applicable	
	uite, Apt. #, etc. Suite, Apt. #, etc.								Additional	
—							. Certifcate of Status Desired		Required	
22	City & State 27 City & State									
⊢ ⊸ '	├ 					6.	. Election Campaign Financing		May Be	
23	28			Trust Fund Contribution Added to Fees						
Zip	Country	Country Zip Cou				8. This corporation owes the current year Intangible				
24	25	29	30			ı	Personal Property Tax.			
	9. Name and Address of Current	Registered Agent	-			10.	. Name and Address of New Registered Ag	ent		
				81	Name					
	HUA, TZY-YN									
119 E NINE MILE RD PENSACOLA FL 32514					Street Ad	ldress (F	P.O. Box Number is Not Acceptable)			
	PENOACOLA I E 32314			83						
				0.4	0 14 ·			7:	- 0-1-	
				84	City		FL	B5 Zi	Code	
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										
of	ffice or registered agent, or both, in the State of	Florida. Such change was a	uthorized	by t	the corpora		oard of directors. I hereby accept the appointm			
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE										
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	signature requ							
12.	OFFICERS AND	 	13.				ADDITIONS/CHANGES TO OFFICERS AND D			
TITLE	D Resident,	S+. □ DELETE	1.1 TIT	LE	}] Changi	e	
NAME HUA, TZY-YN Treasurer.				1.2 NAME						
STREET ADDRESS 119 E NINE MILE RD				1.3 STREET ADDRESS					1	
DENCACOLA EL 20514										
CITY-ST-	ZIP FENGACOLA FE 32314		1.4 CIT		-ZIP			7.00		
TITLE	A Colo Hila Vico	Procide of December	2.1 111	LE			L] Change	∋ ∏ Addition	
NAME	I am a back the Pd			2.2 NAME 2.3 STREET ADDRESS					ſ	
STREET									İ	
CITY-ST-	7P P 2005 3 d 3 F1 3251	4	2. 4 CI	TY-S	T-7IP					
TITLE	TEMPSINE 11 2 11	DELETE	3.1 TIT			A] Change	Addition	
					-		,=		}	
NAME			3.2 NA							
STREET	ADDRESS		3.3 ST	REET	ADDRESS				ţ	
CITY-ST-	ZIP		3.4. CI	IY-S1	[-2 ₽					
TITLE		☐ DELETE	4.1 TIT	LΕ] Change	Addition	
NAME			4. 2 N	ME						
STREET	ADORESS				ADDRESS					
			4							
CITY-ST-	ZIP	□ belete	4.4 CIT		-ZIP			1.CL		
TITLE		☐ DELETE	5.1 TIT				L] Change	Addition Addition	
NAME			5.2 NA	ME					ľ	
STREET	ADDRESS		5.3 STI	REET	ADDRESS				A 150	
CITY-ST-	.ZIP		5.4 CiT	Y-ST	-ZIP				ł	
TITLE		☐ DELETE	6.1 TIT	IĘ.			<u> </u>] Change	Addition	
NAME			6.2 NA	WE			_		_ "	
					ADDRESS					
STREET	ADDRESS!		0.3511	KEE!	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 affaichment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP