## 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

	MENT # P96000 CORPORATION	0098146 (9)			
Principal Plac	e of Business	Mailing Address			a tablikkat tija katira ditili datki natik datiri dabka tatat skibi tihir dibila dibil hadi
150-158 NW 5 MIAMI FL 331 US		12741 SW 187 TERR MIAMI FL 33177 US			DO NOT WRITE IN THIS SPACE
		•			3. Date incorporated or Qualified
2 Principal P	Place of Business	2a. Mailing Address			12/02/1996 4. FEI Number Applied For
21		26			65-0715454 Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22 27				-	Fee Required
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country Zip		Countr	У	8. This corporation owes or has paid the current year Intangible
24	25]	29	30		Personal Property Tax due June 30. 🗹 Yes 🔲 No
181	9. Name and Address of Current	r Hegistered Agent	81	Name	10. Name and Address of New Registered Agent
YN THUUNG, HICHARD					
	741 SW 187TH TERRACE NMI FL 33177	82 Street Ad		Street	t Address (P.O. Box Number is Not Acceptable)
MILE	uni FL 331//		83		
				<del> </del>	
			84	City	FL 85 Zip Code
agent. I a SIGNATURE	m familiar with, and accept the obligation of the state o	itions of, Section 607.0505, F	lorida Statute	as.	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered re required when reinstating)  DATE
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE NAME	D VN TRUONG, RICHARD	☐ nereit	1.1 TITLE 1.2 Name		Change Addition
STREET ADDRESS	4			T ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177		1.4 CITY-ST-ZIP		1
TITLE		DELETE	2.1 TITLE	<u></u>	Change Addition
NAME			2.2 NAME		
STREET ADDRESS	235		2.3 STREE	T ADDRESS	
CITY-ST-ZIP			2.4 CITY	ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			1	T ADDRESS	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - 4.1 TITLE	ST - ZIP	Change Addition
NAME			4.2 NAME	:	
STREET ADDRESS				1 address	
CITY-ST-ZIP			4.4 CITY-		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	T ADDRESS	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME.			6.2 NAME		
STREET ADDRESS		~	6.3 STREE	T ADDRESS	

14. 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 occurate 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 figurined 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.

CITY-ST-ZIP

**FILED** 

Mar 25 1998 8:00am

Secretary of State