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

**PROFIT CORPORATION** ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P96000099388 (6)

ASIA MILLENNIUM INVESTMENTS, INC.

Principal Place of Business Mailing Address				4 I DOUGHOU HAD TELIA DIVIN EDEKI DBAIT BOTTA ORALE JOHAN TOLOG VIUM YOLOU IDHA 1904	
21218 ST. ANDREWS BLVD. 21218 ST. ANDRI #10-222 #10-222			BLVD.		
BOCA RATON FL 33433 BOCA RATON FL 33433			3		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					12/09/1996
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
26			<del></del>		65-0716245 Not Applicable
22 Suite, Apr.	#, BIC.	27 Suite, Apt. #, etc.	<del>-</del>		5. Certificate of Status Desired See Required Fee Required
City & State City & State					6. Election Campaign Financing \$5.00 May Be
23 28					Trust Fund Contribution Added to Fees
Zip Country		Zip Country		ry	This corporation owes or has paid the current year Intengible
24	25	29	30		Personal Property Tax due June 30.  Yes No
	g. Name and Address of Currer	nt Registered Agent	<del></del>	<u> </u>	10. Name and Address of New Registered Agent
JO	H <b>nse</b> n, rose j		18	1 Name	
21218 ST. ANDREWS BLVD. #10-222			£	2 Street	Address (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33433			ε	3	
			8	4 City	FL 85 Zip 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	
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.					
-	an aminar with, and accept the obig	ations of, aection 607.0505, r	TOTICA STATU	.65.	
SIGNATURE	Signature, typed or printed name of registered ago	of and little if applicable (NO	DIE Registered	nulangia Ineg/	e required when reinstating)  DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	11 T/TL	<u> </u>	Change Addition
NAME	JOHNSON, ROSE J		1.2 NAM	Ε	
STREET ADDRESS	STREET ADDRESS 21218 ST. ANDREWS BLVD. #10-222		1.3 STR	ET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 C(TY	- ST - ZIP	
TITLE	D	DELETE	2.1 TITL		DIRECTOR. Change Addition
NAME	THOMSEN, BRUCE E		2 2 NAM	Æ	THOMSON, BRUCE E.
STREET ADDRESS	-90 FIFTH AVE. APT. 11G		2 3 STR	ET ADDRESS	16947 PATRICIA WAY
CITY-ST-ZIP	NEW YORK NY 11101	-	2 4 007	r-ST-ZIP	GRASS VALLEY, CA. 95949
TITLE		DELETE	3 1 TIFL	Ε	Change Addition
NAME			3.2 NAM	E	
STREET ADDRESS			3.3 STR <sup>1</sup>	ET ADDRESS	
CITY-ST-ZIP				r-ST-ZIP	
TITLE		DELETE	4.1 T(TL		Change Addition
NAME			4, 2 NAN	AE.	
STREET ADDRESS			4.3 STB <sup>1</sup>	ET ADDRESS	
CITY-ST-ZIP				- ST - ZIP	
TITLE		☐ DELETE	51 TITL		Change Addition
NAME		<del>-</del> ···	5.2 NAM		
STREET ADDRESS				ET ADDRESS	
				-ST-ZIP	
CITY-ST-ZIP TITLE		☐ DELETE	61 TITL		☐ Change ☐ Addition
NAME	1		6 2 NAM		
14-4MF	ı		E OF HOUSE		1

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.

63 STREET ADDRESS

6.4 CITY-ST-ZIP

**FILED** 

Apr 30 1998 8:00am

Secretary of State