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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9700008378

MYC CORP.

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90101 011 ***150.00



Principal Place	of Business	Mailing Address			
15936 W STATE ROAD 15936 WEST STATE ROAD 84					
SUNRISE FL 33326 SUNRISE FL 33326		SUNRISE FL 33326			
US US			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed	-
				01/28/1997	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0753152	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			5 Certificate of Status Desired	\$8.75 Additional	
27			5. Certifcate of Status Desired	Fee Required	
		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	-Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year i	ntangible
24	25	29 30]	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
81				Variable Side and Vive	
YIN YEING, DICK MAN			20 01 14	YEUNG, DICK MAN YIN	
11232 PINES BLVD.			82 Street A	Address (P.O. Box Number is Not Acceptable)	
PEMBROKE PINES FL 33025			83	L FINES DUT	
			1 1		
			84 Py 1	PANE PILOS F	85 Zip Code
			Jemi		
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 Presiden			, ,	3/4	5/99
Signature, typed or printed name of registered agent and title il applicable. (NOTE: Registered Agent sign				iquired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	☐ DELETE	1.1 TITLE	PD	Change Addition
NAME	YIN YEING, DICK MAN		1.2 NAME	YEUNG, Dick Man Yin	ļ
STREET ADDRESS	11232 PINES BLVD.		13 STREET ADDRESS		į
CITY-ST-ZIP	PEMBROKE PINES FL 33025		1.4 CITY-ST-ZIP	·	
TITLE	SD	☐ OELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	YEUNG, MAN CHEONG		22 NAME		}
STREET ADDRESS	11232 PINES BLVD.		2 3 STREET ADDRESS		
) 1	PEMBROKE PINES FL 33025		2. 4 CITY-ST-ZIP		,
CITY-ST-ZIP	VPD VPD	T DELETE	3.1 TITLE		Change Addition
	CHEUNG, SIU PING	<u> </u>	3.2 NAME	•	-·
NAME	11232 PINES BLVD.		1		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33025	[] Beleve	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	VPD	☐ DELETE	4.1 TITLE		
NAME	MOM, SOPHAL		4. 2 NAME		
STREET ADDRESS	11232 PINES BLVD.		4.3 STREET ADDRESS		*
CITY-ST-ZIP	PEMBROKE PINES FL 33025		4.4 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE: _

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME

DELETE

☐ DELETE

Change

Change

Addition

Addition