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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED May 06, 1999 8:00 am Secretary of State

1	998	DIVISION OF COR		05-06-1999 90260 032	***150.00	
DOCUM 1. Corporation !	IENT # P97 000	025114				
NEW HO	NG KONG CITY INC					
	est 69th Terrace					
Principal Place		Mailing Address				
1 **	lest 60th Terrace	·				
				DO NOT WRITE IN THI	S SPACE	
Hialea	h Florida 33016			3. Date Incorporated or Qualified		
				3-20-97	Co. of	
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number 65-1058	Applied For Not Applicat	
Suite, Apt. #,	etc .	Suite, Apt. #, etc.		T	\$8.75 Additional	
22 Suite, Apt. #,	GIC.	27		5. Certificate of Status Desired	Fee Required	
City & State	:	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23	Country	Zip	Country	8. This corporation owes or has paid the contribution		
Zip 24	25	29 30	1 1	Personal Property Tax due June 30.	Yes No	
24	9. Name and Address of Current			10. Name and Address of New Registers	id Agent	
			1-1	81 Name		
00	ainy you	cong	82 Street Add	dress (P.O. Box Number is Not Acceptable)		
2	26, JW.697	err,	83			
Chiny Young Wong 2761/W.69 terr, Higheah, Fla. 33016			84 City		85 Zip Code	
H19/209 / 14.5301/					of phonoing its register	
11. Pursuant to	the provisions of Sections 607.0502	and 607,1508, Florida Statutes, of Florida, Such change was auti	the above-named co norized by the corpor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	appointment as registere	
agent. I am	tamiliar with, and accept the obligat	ions of Section 607.0505, Florid	ia Statutes.	V//	r 199	
SIGNATURE	Ignature, typed or printed name of registered agen	and title (Lappicable). (NOTE R	egistered Agent signature red	uired when reinstating) OAT		
12.	OFFICERS AND		13	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	B/	DELETE	1.1 TITLE		Change Add	
NAME	Ching yong a	long	12 NAME			
STREET ADDRESS	2761 W/ 69 Tem	". Hen. Flar 3	1 3 STREET ADDRESS			
CITY-ST-ZIP	10 11/0	1 DELETE	2.1 TITLE		Change Adu	
NAME	NAME IN THE STATE OF THE STATE		2.2 NAME			
STREET ADDRESS	100/14/97 11 Ha Fla		2 3 STREET ADDRESS	•		
CITY-ST-ZIP		The state	2.4 CITY-ST-ZIP		Change Adc	
TITLE		L DELETE	3.1 TITLE		المالية المالية	
NAME			3.2 NAME 3.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		☐ DELÉTE	4.1 TITLE		Change Ad.	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Au	
TITLE		الما مداده	5.2 NAME			
NAME STREET ADDRESS			5 3 STREET ADDRESS	P.	•	
CITY-ST-ZIP	<u>.</u>		5 4 CITY - ST - ZIP			
TITLE		DELETE	6 t TITLE		Change Au	
	1 .		6.2 NAME			

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 turther 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 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.

6.3 STREET ADDRESS

6 4 CITY-ST-ZIP

SIGNATURE: _X

STREET ADDRESS