	003 FOR PROF)	FILI May 02, 20	03 8:0	0 am	6600120
DOCU 1. Entity Nam		00026465			Secretary 05-02-2003 90128	of Sta	te	AV
	UNG MEI ORIENTAL MARK	KET, INC.			03-02-2003 90128	001	00	
Principal Place	ce of Business	Mailing Address 8349 SW 56TH ST	1 k					
MIAMI FL 331		MIAMI FL 33165						
2. Principal F	Place of Business	3. Mailing Address 62515W /	31 COURT	•		IIII IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	ST COURT	<u>اهـ</u>	CHECK HERE IF MAK	ING CHANGES		
City & Stat	ie	City & State	FL.		4. FEI Number 65-0738240		oplied For ot Applicable	
Zip 33183	Country	Zip 33183	Country		5. Certificate of Status Desired	\$8.75 Add Fee Require	ditional	
	6. Name and Address of Curren	t Registered Agent	Name		7. Name and Address of New Register	ed Agent		
HUNG, DINEY 9349 SW 56TH ST MIAMI FL 33165			Street A	HUNG Address (P.C SISU	T, DINET . Box Number is Not Acceptable), ↓ 131 COURT, # 16	7/		
			City 🖊	IIAMI		EL Zip Cod	e 82	
	a named entity submits this statement f	or the purpose of changing			agent, or both, in the State of Florida. I	am familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (N	OTE: Registered Agent signal	ture required who	en reinstating) DA	TE		
Afte	TLE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of				 Election Campaign Financing Trust Fund Contribution. 		O May Be to Fees	
10. TITLE			11. TITLE	D	ADDITIONS/CHANGES TO OFFICERS		S IN 11	8
NAME STREET ADDRESS CITY-ST-ZIP	HUNG, DINEY		NAME STREET ADDRESS CITY-ST-ZIP	625	1, DINEY 15W 13(COURT, #10 11, FC. 33183		_	CR2E034 (10/02)
TITLE NAME STREET ADDRESS	VPD FUNG, FUK KUEN 9349 SW 56TH STREET	Delete	TITLE NAME STREET ADDRESS	IVPD	,FUK KUEN SW 131 COURT, #10/ 11, FL. 33183	Change	Addition	CH2I
CITY-ST-ZIP	MIAMI FL 33165	- Delete	CITY - ST - ZIP	MIAM	1, FL. 33183	. 🗌 Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Deiete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS	· · · · · ·	Delete	TITLE NAME STREET ADDRESS			Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
12. I hereby of indicated of the cor changed,	on this report or supplemental report is poration or the receiver or trustee emp or on an anachment with an address,	is true and accurate and that owered to execute this repo	for the exemption sta at my signature shall h ort as required by Cha	have the san	on 119.07(3)(i), Florida Statutes. I further ne legal effect as if made under oath; that lorida Statutes; and that my name appea $\sqrt{2}4-25-03$	at I am an officer	or director	
SIGNAT	UKEL SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE			Date	Daytime Phone #		

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