FILE NOW: FILING FEE IS \$61.25

NONPROFIT **GORPO**RATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P 97000039009

PROFIT

FILED Apr 22 1998 8:00am Secretary of State

1. Corporation	on Mame		·						
CUSTON	SOUND & SECURITY C	ORP.							
Principal Place of Business Mailing Address									
8330 NW 7TH STREET # 147 MIAMI, FL. 33126					3. Date Incorporated or Qualified 05/01/97				
rimit;	, FD. 33120			4.	FEI Number		Apr	olied For	
					65-0749885		Not	Applicable	
2. Principal F	Place of Business	2a. Mailing Address				Ø \$	8.75 A	dditional	
21	26				Certificate of Status Desired	Ų,	Fee Red		
Suite, Apt.	Suite, Apt. #, etc.			6.	Election Campaign Financing	\$	5.00 M	lay Be	
22	27				Trust Fund Contribution				
City & State City & State				7.	7. Is this nonprofit corporation a homeowners association?				
23 28					☐ Yes ☐ No				
Zip	Country	Zip	Country		This corporation owes or has pa	_			
24	25	29 3	0		Personal Property Tax due June			No	
	9. Name and Address of Current	Registered Agent	81 Nar		Name and Address of New Re	gistered Ager	15		
	ATT		OI Nar	ne					
LEO T CHIU-HUNG				et Address (P.	O. Box Number is Not Acceptab	le)			
8330 NW 7TH STREET # 147				330 NW	7TH STREET				
MIAMI,	, FL. 33126		83						
			84 City	IIAMI		FL 8	331°	ode	
44 0	And the second Sections S17.0(1)	and C17 1500 Florido Ptatulos	the shows com	and corporation	cultimite this statement for the o				
office or i	to the provisions of Sections 617.0502 registered agent, or both, in the State of am familiar with, and accept the obliga	of Florida, Such change was aut	horized by the	corporation's bo	pard of directors. I hereby accep	t the appointm	nent as re	egistered	
agent. La	am familiar with, and accept the obliga	tions of, Section 617.0503, Flore	da Statutes.						
SIGNATURE	Signature, typod or printed name of registered ager	1 and title if applicable (NOTE: I	Registered Agent sign	alure required when	(onistalino	DATE			
12.	OFFICERS AND		13.		DDITIONS/CHANGES TO OFFIC	ERS AND DIF	ECTOR!	3 IN 12	
TITLE	PST	☐ DELETE	1.1 TITLE				Change	Addition	
NAME	LEO T CHIU-HUNG		1.2 NAME						
STREET ADDRESS	8330 NW 7TH STREET	# 147	1.3 STREET ADDRE	SS					
CITY - ST - ZIP	MIAMI, FL. 33126		1.4 CITY - ST - ZIP						
TITLE		☐ DELETE	2.1 TITLE				Change	☐ Addition	
NAME			2.2 NAME						
STREET ADDRESS			2 3 STREET ADDRE	ss					
CITY-ST-ZIP						·			
TITLE		☐ DELETE	3 1 TITLE				Change	☐ Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRE	SS					
CITY - ST - ZIP		No. Per	3.4. CITY - ST - ZIP				Observe	4.0.000	
TALE		☐ DELETE	4.1 TITLE		50000249 -04/22/98010	967¥	Tranide	☐ Addition	
NAME			4. 2 NAME		-04/22/98010	63029			
STREET ADDRESS			4.3 STREET ADDRE	SS	***150.00	A.	1		
CITY - ST - ZIP		DELETE	4.4 CITY - ST - ZIP	-		- // /	Chance	Addition	
TITLE		□ Milli	5.1 TITLE		_		Zange .	Mullion	
NAME			5.2 NAME	on l	\leq	(1) <i>[[[</i>]	7 -	,	
STREET ADDRESS			5.3 STREET ADDRE	22	<i>K</i>	/	ノっ	/ ∣	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE			/// п	Change	Addition	
NAME		- Ottor	6.2 NAME			٠ ـــا	90	7.00(10)1	
			6.3 STREET ADDRE	ec					
STREET ADDRESS			•	00					
CITY-ST-ZIP	certify that the information supplied will	to this filing does not qualify for	6.4 CITY-ST-ZIP	totad in Santiar	119 07(3Vi) Florida Statutos I	further certify	that the	nformation	

interest certain the mormation supplied with this timing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or of an attachment with an address.

Daytime Phone #