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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000049932

WEBPAGE INTERNATIONAL GROUP, INC.

Principal Place of Business

Mailing Address

12405 BISCAYNE BLVD

13819 SW 160 TERRACE

## FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90008 049 \*\*\*150.00

NORTH MIAMI FL 33181 MIAMI FL 33177						DO NOT WRITE IN THE	e edace		
							3 SFACE		
						1		ĺ	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	ŤĦ	Applied For	
21 9576 N.W. 41 ST. 26						65-0763533	[_]	Not Applicable	
Suite, Apt.	Suite, Apt. #, etc.	, Apt. #, etc.							
22						5. Certificate of Status Desired	Fee	Required	
City & State		City & State	<del>_</del> '			6. Election Campaign Financing		,	
23 Will	· <u> </u>	28				Trust Fund Contribution		ed to Fees	
ープip エン・	Country	Žip	_	ntry		1 5		Пио	
24 05	9 Name and Address of Current	<u> </u>	<u>,                                    </u>						
<u> </u>	9. Name and Address of Current	registered whent		81	Name	10. Name and Address of New Registeres			
HABE	ER, RONALD ESQ.								
	N.W. 16TH STREET		82 Street Addi			Idress (P.O. Box Number is Not Acceptable)			
	11 FL 33125			83					
				<u> </u>			12-1-		
				84	City	FI	_  85   ∠	ip Code	
11 Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes,	Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Numbe						
office or re	enistered agent or both in the State of	Florida, Such change was auth	IOTZEC	I DV th	ne corpoi	ration's board of directors. I hereby accept the appo	intment as	registered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE: Re	gistered	Agent s	signature re	quired when reinstating) DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A			
TITLE	D	☐ DELETE	1.1 717	ΠE	İ		Chang	ge 🗀 Addition	
NAME	TANG, KEITH S				- 1			{	
STREET ADDRESS	12738 N.W. 102ND AVENUE							ĺ	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018				ZIP		Chan	ne	
TTLE	D	DELETE	l		ł		L] Chang	ge [] Addition	
NAME	CHAN, LISETTE S							j	
STREET ADDRESS	2000 N.E. 135TH STREET, #602		l				ختند د		
=CfTY-ST-ZIP====	NORTH MIAMILEL 33181	☐ DELETE			:ZIP ==== [*		☐ Chan	ge Addition	
TITLE	D CHOLAITY W	Deter	1		1		<b>.</b>	· - /	
NAME	CHOI, ALEX W				NDDDE00			Į	
STREET ADDRESS	13819 S.W. 160TH TERRACE		ſ		- [			ľ	
CITY-ST-ZIP TITLE	MIAMI FL 33177	☐ DELETE			<u> 2</u> P		Chang	ge 🔲 Addition	
- 1								i	
NAME STREET ADDRESS					ODRESS				
}								· ·	
CITY-ST-ZIP		☐ DELETE	_				☐ Chan	ge	
NAME		_			J			ļ	
STREET ADDRESS			5.3 ST	REETA	DORESS				
CITY-ST-ZIP	•		5.4 CF	TY-ST-	ZIP				
TITLE		☐ DELETE	6.1 711	TLE	$\neg \neg$		Chang	ge	
NAME .			6.2 NA	ME	1				
STREET ADDRESS			6.3 ST	REETA	ODRESS			ľ	
CITY-ST-ZIP			6.4 CF	TY-ST-	ZIP		<del></del>	لـــــــــــــــــــــــــــــــــــــ	

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.

SIGNATURE: 2