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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000100195

KCG OF TYRONE, INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90177 016 ***150.00



Mailing Address Principal P ace of Business 1957 71ST STREET 1937-71ST-STREET MIAMI BEACH FL 33141 MIAMI-BEACH FL 33141 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed <u>11/21/</u>1997 4. FEI Number Applied For Mailing Address Not Applicable APPLIED FOR-\$8.75 Additional 5. Certificate of Status Desired Fee Recuired 27 City & State 6. Election Campaign Financing \$5.00 May Be \Box Added to Fees Trust Fund Contribution This corporation owes the current year Intangible Personal Property Tax. 29 10. Name and Address of New Registered Agent 9. Name and Add ess of Current Registered Agent 81 Name SANG, HOI 1957-71ST-STHEET MIAMITBEACH FL 33141 83 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submit; this statement for the purpose of changing its registers office or registered agent, or both, in the State or 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. it; this statement for the purpose of changing its registered SIGNATUR 3 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS / ND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE 4104 FURORA ST, Change C. CORAL GABLES, FL 33146 4104 FTURORA TITLE YEUNG, HOI SANG 1.2 NAME NAME .1957-71ST STREET 1.3 STREET ADDRESS STREET ADDRESS MIAMI-BEACH FL 33141 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRES 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRES 54 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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 ce tify 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:

R2E034