PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000035658

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90055 009 ***150.00

1. Corporation RUI KUE									
Dringing Blood	of Puginose	Mailing Address							
381 NW 101 TERRACE PEMBROKE PINES FL 33026 — PEMBROKE PINES FL 33026						المستنا مستار رجا		CDACE	
						DO NOT WRIT	E IN THIS	SPACE	
						3. Date Incorporated or Qualifed 04/20/1998			
Principal Place of Business 2a. Mailing Address						4. FEI Number		Ap	plied For
21 26						65-0849976			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	
City & State City & State						6. Election Campaign Financing		\$5.00	May Be
23 28						Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Country			8. This corporation owes the current year Intangible			
24	25 29		30			Personal Property Tax. Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Curren	t Registered Agent		4	Mamo	10. Name and Address of New R	egisterea /	Agent	
K uen au, shuk				81 Name					
	NW 101 TERRACE		8:	2	Street Addres	ss (P.O. Box Number is Not Accepta	ble)		ĺ
	BROKE PINES FL 33026		8	3					
1 LIVI	brione i into i e doce		•	3					
			8		City	Corporation submits this statement for the purpose of changing its re			
agent. I a	to the provisions of Sections 607.0507. egistered agent, or both, in the State m familiar with, and accept the obligar Signature, typed or printed name of registered agents.	tions of, Section 607.0505, FIO	: Registered Ag	es.	signatura required v		DATE		
12.	OFFICERS AND DIRECTORS DELETE			13.		ADDITIONS/GHANGES TO GIT	TOERO FIII	Change	Addition
TITLE NAME	KEUN AU, SHUK		l l	12 NAME					_
STREET ADDRESS	381 NW 101 TERRACE			1.3 STREET ADDRESS					
CITY-ST-ZIP	PEMBROKE PINES FL 33026			1.4 CITY-ST-ZIP		•			
TITLE	VD DELETE			2.1 TITLE				Change	Addition
NAME	17			2.2 NAME					
STREET ADDRESS	381 NW 101 TERRACE			2.3 STREET ADDRESS					
CITY-ST-ZIP	PEMBROKE PINES FL 33026			-ST-	ZIP				
TITLE	☐ DELETE			3.1 TITLE				Change	☐ Addition
NAME				3.2 NAME					
STREET ADDRESS			3.3 STRE	ET A	DDRESS				}
CITY-ST-ZIP			3.4. CITY		ZIP		-		T A d d'about
TITLE		☐ DELETE	4 1 TITLE					☐ Change	Addition
NAME			4, 2 NAM						
STREET ADDRESS	•	, jest Siring a			DDRESS.				- 1
CITY-ST-ZIP				-ST-Z	ZIP			☐ Change	Addition
TITLE			5.1 TITLE 5.2 NAME						
NAME					ADDRESS				
STREET ADDRESS CITY-ST-ZIP			5.4 CITY						\
TITLE	DELETE			=				Change	Addition
NAME			6.2 NAME	E					
STREET ADDRESS				ETA	ODRESS				
TALL, NUMBER									

14. 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.