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

Mailing Address

3417 PARK SQ., #3

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000042867

Principal Place of Business

3417 PARK SO., #3

NEW TAMPA FOOD INDUSTRY CORPORATION

TAMPA FL 3361			TAMPA FL 33613			DO NOT WRITE	: IN THIS SI	PACE		
								- 101001		
	•						3. Date Incorporated or Qualifed			ſ
			<u> </u>				05/11/1998		11/1	-U-d For
2. Principal Place of Business			2a. Mailing Address				4. FEI Number 59-3512	272		plied For
21			26				31-3512			Applicable
Suite, Apt, #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A Fee Rec	
City & State	9		City & State				6. Election Campaign Financing		\$5.00	May Be
23		<u> </u>	28				Trust Fund Contribution		Added to	
Zip	Cour		Zip	Cou	intry		8. This corporation owes the curren	it year Intang	gible	,
24	25 29			30			Personal Property Tax.		Yes	No
		Iress of Current Re					10. Name and Address of New Re	gistered Ag	ent	
					81	Name		:		
CHE	n, quanlu				-		(D.O. B. Niller) - in Net Accordate			
3417 PARK SQ., #3					82 Street Address (P.O. Box Number is Not Acceptable)					
TAM	PA FL 33613		,		83					
,					84	City		FL	85 Zip C	Code
					<u> </u>	L	poration submits this statement for the property	/	on sing its	-ogistored
office or re agent. I ar	eaistered agent, or bo	ith, in the State of F	lorida, Such change w s of, Section 607.0505	vas autnonzec	עסנ	tne corporat	tion's board of directors. I hereby accept	the appointn	nent as reg	gistered
SIGNATURE	Signature, typed or printed no	ame of registered agent and	title if applicable.	(NOTE: Registered	Agen	it signature requi	red when reinstating)	DATE		
12.	- 1	OFFICERS AND D	IRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	RS IN 12
TITLE	Preside	n1	DELET	E 1.1 π	TLE		_		Change	Addition
NAME	Quantu	Chen	_	1.2 N	AME					ļ
STREET ADDRESS	3417 Par	rk sq #2	5_	1.3 \$1	REET	r ADDRESS				Ì
CITY-ST-ZIP	3417 Par Tampa,	FL 3361	<i>'</i> 3	1.4 CI	TY-S	T-ZIP				
TITLE			☐ DELET	E 2.11T	TLE			(_] Change	☐ Addition ∫
NAME				2.2 N	AME					Í
STREET ADDRESS				2.3 \$	TREET	ADDRESS				
CITY-ST-ZIP				2.40	aTY-S	T-ZIP		_		
TITLE			DELET	E 3.1 π	πE				Change	☐ Addition
NAME				3.2 N	AMÉ	ļ				
STREET ADDRESS				3.3 \$	TREET	T ADDRESS				ļ
CITY-ST-ZIP				3.4. C	ITY-S	T-ZIP	_			
TITLE		_,	☐ DELET						Change	☐ Addition
NAME				4.2 N	AME	ļ				ł
STREET ADDRESS				4.3 S	TREET	T ADDRESS				
CITY-ST-ZIP				4.4 CI						}
TITLE			☐ DELET				·	7	Change	Addition
NAME				5.2 N	AME]
STREET ADDRESS				5.3 S	TREET	FADORESS				
Cfty-ST-ZIP				5.4 CI	TY-S	T-ZIP				
TITLE			DELET	6.1 TI	TLE				Change	Addition
			**							ì

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

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 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. 4-25-99 (813)978-1662

FILED

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90267 004 ***150.00

CR2E034 (11/98)