

CORPORATION  
ANNUAL REPORT  
1999

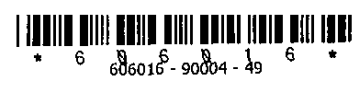


FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 16 1999 8:00 am  
Secretary of State

DOCUMENT # P98000051121  
1. Corporation Name

HO PAN YAO, INC.



Principal Place of Business: 5796 SW 40 STREET MIAMI, FL. 33155  
Mailing Address: 5796 SW 40 STREET MIAMI, FL. 33155

3. Date Incorporated or Qualified: 6/8/98

21. Principal Place of Business 744 ARTHUR GODFREY RD. Suite, Apt. #, etc.	2a. Mailing Address 744 ARTHUR GODFREY RD. Suite, Apt. #, etc.	4. FEI Number 65-0857856	Applied For <input type="checkbox"/> Not Applicable
22. City & State N. MIAMI BEACH, FL. 33140	27. City & State N. MIAMI BEACH, FLORIDA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip U.S.A.	28. Zip 33140	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country U.S.A.	29. Zip 33140	30. Country U.S.A.	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
MUI, WAI C.  
780 EAST 39th STREET  
HIAELAH, FL. 33013

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
B5 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of 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

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MUI, WAI C.		1.2 NAME	
STREET ADDRESS 780 EAST 38th STREET		1.3 STREET ADDRESS	
CITY-STATE-ZIP HIALEAH, FL. 33013		1.4 CITY-STATE-ZIP	
TITLE TD & VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KWAN, WING F.		2.2 NAME	
STREET ADDRESS 701 SW 61 AVENUE		2.3 STREET ADDRESS	
CITY-STATE-ZIP MIAMI, FL. 33144		2.4 CITY-STATE-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOUK, WAYNE M.		3.2 NAME	
STREET ADDRESS 13203 S.W. 40 TERR.		3.3 STREET ADDRESS	
CITY-STATE-ZIP MIAMI, FL. 33175		3.4 CITY-STATE-ZIP	
TITLE MORK, SLOW W.	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 1750 W. FLAGLER ST.		4.2 NAME	
STREET ADDRESS MIAMI, FL. 33135		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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

SIGNATURE *[Handwritten Signature]*

8/13/99  
Date

(305) 695-0260  
(305) 887-4185  
Daytime #