## 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 # P98000078258

1. Corporation Name

SAIGON COMMUNICATIONS, INC.

## **FILED** Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90090 031 \*\*\*150.00



Principal Place	of Business	Mailing Address						
3802 E COLONIAL DRIVE 3802 E COLONIAL DRIVE								
ORLANDO FL 32803 ORLANDO FL 32803					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifect			
					09/01/1998		•	
2. Principal Place of Business 2 2a. Mailing Address					4. FEI Number		App	lied For
2. Principal Place of Business 2a. Mailing Address 2b. 202 East Colonial DR-26 P.O. Box 7				56	59-35302	36	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 6				· · ·	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State City & State					6. Election Campaign Financing		\$5.00 N	May Be
23 ORLANDO, FL 28 ORLANDO,					Trust Fund Contribution	· U	Added to	Fees
Zip	Country 11CA	Zip 27877 -	Country	154	8. This corporation owes the cu	rrent year Int		٦.,.
24 30	$\frac{ V }{ V }$	29 220 / 30	·	1271	Personal Property Tax.	D1-4d		No
	9. Name and Address of Current F	Registered Agent	81	Namo	10. Name and Address of New		Agent	
NOTIVEN HANG					ANDY CHAU			
12306 BOHANNON BLVD				82 Street Address (P.O. Box/Number is Not Acceptable)				
ORLANDO FL 32824				12300	6 PONUMINON P	<u> </u>		
One	1150 I E 02024		83					
			84	City OR	LANDO	FL	85 Zip C	824
11. Pursuant t	to the provisions of Sections 607.0502 a	and 607.1508, Florida Statutes, 1	he abov	-named corporation	oration submits this statement for the	e purpose of	changing its r ntment as req	egistered istered
agent. I ar	to the provisions of Sections 607.0502 a egistered agent, or both, in the Stele of n familiar with, and accept the optigatio	of, Section 607.0505, Florida	Statutes		. 7	24-	aa	
SIGNATURE	ANDY CHAU/ Was	y man			Ja	n 25-	<u>77</u>	
Signature, types of printer land				nt signature required	ADDITIONS/CHANGES TO O	DATE EDICEDS AN	O DIRECTOR	25 IN 12
12.		DIRECTORS	13.		ADDITIONS/CHANGES TO C	FFICENS AI	Change	Addition
TITLE	D CHAIL ANDV	Doctor	1.2 NAME				_ ,	_
NAME	CHAU, ANDY 12306 BOHANNON BLVD			ADDRESS				
STREET ADDRESS			1.4 CITY-S					
CITY-ST-ZIP	ORLANDO FL 32824	☐ DELETE	2.1 TITLE	1-21			Change	Addition
NAME	NGUYEN, HANG	23 0000.0	2.2 NAME					
1	12306 BOHANNON BLVD			TADORESS (				
STREET ADDRESS	ORLANDO FL 32824		2.4 CITY-S					ļ
CITY-ST-ZIP	CALANDO I E 32024	☐ DELETE	3.1 TITLE				Change .	Addition
NAME		_	3.2 NAME					ţ
STREET ADDRESS			3.3 STREE	T ADDRESS				<b>\</b>
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				ļ
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE		-		Change	☐ Addition
NAME			5.2 NAME					l
STREET ADDRESS			5.3 STREE	TADDRESS				
CITY-ST-ZIP	·		5.4 CITY-S	T- ZIP				
TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME			6.2 NAME					1
STREET ADDRESS			8.3 STREE	T ADDRESS			÷	}
CITY-ST-ZIP			6.4 CITY-S	T-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 true 60 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:

SIGNATURE AND TYPED OR PRINTED NAME OF