## FILE NOW: FILING FEE AFTER MAY 1ST 13 \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

04-29-1999 90176 041 \*\*\*150.00

## **DOCUMENT #** P98000078315 1. Corporation Name

NAME

TITLE

NAME

TITLE

NAME

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

KCG OF	STRATHPINE, INC.						
Principal Place of Business		Mailing Address				1 (401/42) tin 10/81 zütit 06/11 anter masst om it (4001 inten 14/8) tilder mitt t	JU)
4104 AURONA STREET CORAL GABLES FL 33146		4104 AURORA STREET CORAL GABLES FL 33146				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed 09/04/1998	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For	
21						48-6144158 Not Applica	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired See Recuired	ł
City & State	е	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Cour try Zip		Col	Country		This corporation owes the current year intangible	
<b>—</b> — '	Cour try	29	30			Personal Property Tax.	
24	9. Name and Address of Current		130			10. Name and Address of New Registered Agent	
	or teams and Addition of Carrotte	- Togista - Tag		81	Name		_
YEUNG, HING YU				<u>_</u>			
4104 AURORA STREET				82	Street Acc	dress (P.O. Bo) Number is Not Acceptable)	
CORAL GABLES FL 33146				83			
				84	City	· PL   i	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	and 607.1508, Florida Statut f Florida. Such change was sons of, Section 607.0505, Fl	tes, the a authorize orida Sta	above d by tutes	named cortain	orporation submits this statement for the purpose of changing its registere ration's board of directors. I hereby accept the appointment as registered	d
SIGNATUF:E	Signature, typed or printed name of registered agent	and title if applicable (NOT	Registere	d Ager	t signature requi	piired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2
TITLE	D	☐ DELETE	1.1 T	ITLE	<u> </u>	☐ Change ☐ Add	lition
NAME	YEUNG, HOI SANG			12 NAME			
STREET ADORESS	4104 AURORA STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33146		140	ITY-S	r-ZiP		
TITLE		☐ DELETE	2.1 T	2.1 TITLE		Change Add	tition
NAME			2.2 N	2.2 NAME			
STREET ADDRESS	STREET ADDRESS		238	2 3 STREET ADDRESS			
CITY-ST-ZIP			2 4 0	2 4 CITY-ST-ZIP			<del></del>

Addition Change ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

5.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME 3.3 STREET ADDRESS

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

4.4 CITY-ST-ZIP

14. I herety certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(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 nged, or on an attachment with an address, with all other like empowered.

DELETE

DELETE

☐ DELETE

365-476-1511

☐ Change

☐ Change

☐ Change

CR2E034 (11/98)

☐ Addition

Addition

Addition |