

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 APR 27 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **S41890** (2)
 1. Corporation Name
TRADE BRIGHT DEVELOPMENT, INC.

Principal Place of Business Mailing Address
% GERALD S. BERKELL ESQ.
 16100 N.E. 15TH AVE., SUITE A-1
 NORTH MIAMI BEACH FL 33162
% GERALD S. BERKELL ESQ.
 16100 N.E. 15TH AVE., SUITE A-1
 NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
04/01/1991 **03/08/1994**
 4. FEI Number Applied For
65-0263870 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. This Corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
HO FUNG, CHIU
 17220 NORTH MIAMI AVENUE
 NORTH MIAMI BEACH FL 33169

10. Name and Address of Now Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____
Signature, typed or printed name of registered agent and title if applicable Typed Name of Registered Agent Typed Name of Registered Agent

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|----------------------|
| TITLE | D |
| NAME | YEUNG, CHI CHUEN |
| STREET ADDRESS | 16100 N.E. 16TH AVE. |
| CITY- ST- ZIP | N. MIAMI BEACH FL |
| TITLE | D |
| NAME | CHIU, HO FUNG |
| STREET ADDRESS | 16100 N.E. 16TH AVE. |
| CITY- ST- ZIP | N. MIAMI BEACH FL |
| TITLE | D |
| NAME | YUK YING YEUNG |
| STREET ADDRESS | 16100 NE 16TH AVE |
| CITY- ST- ZIP | N.MIAMI BEACH FL |
| TITLE | D |
| NAME | JENNY CHAN |
| STREET ADDRESS | 16100 NE 16TH AVE |
| CITY- ST- ZIP | N.MIAMI BEACH FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY- ST- ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY- ST- ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY- ST- ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY- ST- ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY- ST- ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY- ST- ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: *Yuk Yeung* **Yuk Yeung** DIRECTOR/MANAGER **4/20/95** **305-653 6131**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number