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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

SIGNATURE:

S62630

(6)

T. Corporation Name WIN HENE LEE CORPORATION Principal Place of Business Mailing Address					. 44 CH DIO HA BHAN AINN BHIA 4		
2530 N. POWERLINE RD. #401 2530 N. POWEI POMPANO BEACH FL 33069 POMPANO BEA							
				-	3. Date Incorporated or Qualified 06/24/1991	3a. Date of Lest 02/28/	
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
1	1		26		65-0269810		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, et	Suite, Apt. #, etc.		5. Certificate of Status Desired	See Required	
fl City & State		City & State			6. Election Campaign Financing	_ \$5.	.00 May Be
3		28	<u> </u>		Trust Fund Contribution	☐ Add	ded to Fees
Zφ	Country	Zip	Country	[B. This corporation has liability for		s 199.032,
4	25	29	30		73_	No	
	9. Name and Address of Currer	nt Registered Agent	B1 Nan		0. Name and Address of New F	registereo Agenti	
			BI Nar	TIE			
MAK, BING YIU			82 Stre	et Address	(P.O. Box Number is Not Acceptat	ole)	
	POWERLINE RD. #401		83				
PUMPA	NO BEACH FL 33069						
			84 City	/		FL 85	Zip Code
or registere: famil ar with SIGNATURE	the provisions of Sections 607,0500 diagent, or both, in the State of Flori , and accept the obligations of, Sections, Sections, Special Representations of the State of the S	ida. Such change was aut tion 607.0505, Florida Sta	morized by the corporatio	n's board o	r directors. Thereby accept the app	ointment as register	
		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		TORS IN 12
TILE I	D	☐ DELFTE	1 1 TITLE		_	Chang	TORS IN 12 je Addition
NAME	MAK, BING YIU		1.2 NAME	10	620.8.W.9557, ami, FL33176	3	
STREET ADDRESS	10620 SW. 95th St.	1	1.3 STREET ADORE	SS In 3	15 RS 13 (m)	,	•
DITY - ST - ZIP	Miami, FL. 33176-2611		1.4 CITY-ST-ZIP	7,(1	C.W. 12 C.331 16		- Fil Addition
lill, E		☐ DELETE	2 1 TITLE			☐ Chang	ge [] Addition
NAME			2 2 NAME				
STREET ADDRESS			2.3 STREET ADDRE	ESS			
CITY ST-ZIF		DELETE	24 CITY-ST-ZIP 3 1 TITLE			Chang	ge 🗍 Addition
lifut			3 2 NAME				, 🕒
NAM [©]			33 STREET ADOR	IESS			
STREET ADDRESS			3.4 CITY - ST- ZIP				
0(TY S1 - 7(P) 1(1).E		DELETE	4. 1 TITLE			☐ Chan	ge 🔲 Addition
NAME		-	4.2 NAME				
STHEE! ADDRESS			4 3 STREET ADDRE	ESS			
COLY+ST-ZIP			4.4 CITY-ST-ZIP				
TIFLE	4-19	☐ DELETE	5 1 TITLE			☐ Chan	ge 🔲 Addition
NAME			52 NAME				
STREET ADDRESS			5 3 STREET ADORI	ISS			
CHY \$1-ZIP		- Dr. 579	5.4 CITY-ST-ZIP			Chan	ge Addition
TILE		DELETI	•				Ac T NOOMON
N4Mi			6.2 NAME	ecc			
STREET ASIDRESS			6.3 STREET ADDR	1			
CITY - ST - ZIP]	certify that the information supplied	I with this filing is voluntari	6.4 CiTy - ST- ZIP by furnished and does not	cualify for t	he exemption stated in Section 119	9.07(3)(k), Florida Sta	atutes. I further
certify that oath; that I	rearmy that the information supplied the information indicated on this and am an officer or director of the corp Block 12 or Block 13 if changed, or	nual report or supplement poration or the receiver or	al annual report is true an trustee empowered to ex	ia accurate i	and that my signallite shall have in		as ii made uiidei

TO THE NAME OF SIGNING OFFICER OF DIRECTOR VILL MAIL

Daytime Phone #