**FILED**  FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 14 1998 8:00am **PROFIT** FLORIDA DEPARTMAS OF STATE CORPORATION Sandra B. Mortham ANNUÁL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (6)S62630 WIN HENE LEE CORPORATION Principal Place of Business Mailing Address 2530 N. POWERLINE RD. #401 2530 N. POWERLINE RD. #401 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/24/1991 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0269810 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zip Country Country Zip This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes 24 29 30 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MAK, BING YIU 2530 N. POWERLINE RD. #401 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33069 83 84 Zip Code 85 11. Pursuant to the provisions of Soctions 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 607.0506, Florida Statutes. SIGNATURE Signature, typed or penied name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE ☐ Change Addition MAK, BING YIU NAME 1.2 NAME **10620 SW 95TH STREET** STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ... Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE ☐ Addition TITLE 6.1 TITLE

CR2E034 (10/97

14. Thereby 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.

SIGNATURE:

| Substitute | Substi

6.2 NAME

**63 STREET ADDRESS** 

NAME

STREET ADDRESS

City-S1-ZIF