## 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** 

Mailing Address

7030 NW 46TH ST MIAMI FL 33166

## DOCUMENT # S67211

Principal Place of Business

7030 NW 46TH ST

MIAMI FL 33166

JIMMY CORPORATION

						07/15/1991		
2. Principal Pl	ace of Business	2a. Mailing Ad	dress	<del></del>		4. FEI Number	Apr	plied For
4	26					65-0272319		Applicable
Suite. Apt	Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 A	<del></del>
ر. , دد	27					5. Certificate of Status Desired		Fee Required
City & State	e ·	City & Sta	te			6. Election Campaign Financing	\$5.00	May Be
3		28				Trust Fund Contribution	Added to	
Zip	Country	Zip		Country	<del></del>	8. This corporation owes the current year	Intangible	
4	25	29	30	j .		Personal Property Tax.		□No
<u></u>	9. Name and Address of Curre			1		10. Name and Address of New Registers	d Agent	
				81 Name				
Quach, Hung ·					C11 A dd	(D.O. Day Number is Not Assentable)		
7030 NW 46TH ST				82 Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33166				83				
		•		84	City	F	<del>- 1- 1</del>	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Fl	orida Statutes,	the above	-named corp	poration submits this statement for the purpose	of changing its	registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such ch	ange was auth	iorizea dy i	the corporati	ion's board of directors. I hereby accept the app	oomment as reț	listered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable	(NOTE: Pa	aistered Agent	signature require	ed when reinstating) DATE		
12.		ND DIRECTORS	(10 12.110	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PD		DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	QUACH, HUNG		1	1.2 NAME				
1	7030 NW 46TH ST			1.3 STREET	ADDRESS			
STREET ADDRESS								
CITY-ST-ZIP	MIAMI FL		DELETE	1.4 CITY-ST 2.1 TITLE	-ZIP		[] Change	Addition
TITLE			DECETE			•		
NAME -				2.2 NAME				
STREET ADDRESS		*		2.3 STREET	1			
CITY-ST-ZIP	<del></del>			2. 4 CITY-S	T-ZIP		Change	Addition
TITLE			DELETE	3.1 TITLE			[] Change	☐ vocition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY-S	T-ZIP			
TITLE			DELETE	4.1 TITLE			Change	☐ Addition
NAME				4. 2 NAME	İ			
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY - \$1	r-zip	<u> </u>		<b></b>
TITLE			DELETE	5.1 TITLE			Change	Addition
NAME		•		5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP	,			5.4 CITY-ST	r-ZIP			
TITLE	<del> </del>		DELETE	6.1 TITLE			☐ Change	☐ Addition
		_		6.2 NAME				
NAME				6.3 STREET	ADDRESS			
STREET ADDRESS								
CITY-ST-ZIP		ish thin 611	at avalit : for th	6.4 CITY-ST	L L	Section 119 07/3\/i) Florida Statutes   further	certify that the in	oformation
indicated officer or	on this annual report of supplements	si annual report is the	ue and accurat owered to exec	te and that cute this re	my signatur eport as requ	Section 119.07(3)(i), Florida Statutes. I further to shall have the same legal effect as if made usired by Chapter 607, Florida Statutes; and that	nger gaur, urar i	i ann an

SIGNATURE:

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90180 035 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualifed