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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name S74028

(9)

QUANG LIEN TRAN, INC.

**FILED** Feb 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					1 (00)(4)(0 (3) (8)(1) 0(0)(4 (0)(4) (10)(1) (10)(1) (10)(1) (10)(1)	ON DIDIL DIOSE BEDEL DEDIE IRON
430 BAYBERRY DR 430 BA		430 BAYBERRY DR LAKE PARK FL 33403			DO NOT WRITE IN THIS	S SPACE
					3. Date Incorporated or Qualified	7 01 702
					08/14/1991	
2. Principal Place of Business 2a. Mailing Addre			·		4. FEI Number	Applied For
21 26					65-0281378	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc					5. Certificate of Status Desired	\$8.75 Additional
22 27			<del></del>		5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23 28			7:-		Trust Fund Contribution	Added to Fees
Zip	<u> </u>		Countr	У	8. This corporation owes or has paid the c	
24 0 Na	25 me and Address of Curre	29	30]		Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes No
		Trogratored Agent	81	Name	IO. Haine and Address of New Hegistere	a englant
A20 BAVEEDDY OD						
* LAKE PARK FL 33403				Street Add	ress (P.O. Box Number is Not Acceptable)	
	( I E 00400		83			
•						
			84	City	F	85 Zip Code
11rsuant to the pro	visions of Sections 607.05	02 and 607.1508. Florida Stat	utes, the abov	e-named corr		<del>_</del>
ursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered fice 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.						
_	wan, <b>ало ассер</b> гиле общ	gations of, Section 607.0505,	Fiorida Statute	S.		
SIGNATURE	ped or printed name of registered a	pent and little if applicable (N	OTE Registered Ac	ent signature requi	red when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·
12.	·	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE D		DELETE	1.1 TITLE			Change Addition
			1.2 NAME			
STREET ADDRESS 430 BAYBERRY DR			1.3 STREE	T ADDRESS		
CITY-ST-ZIP LAKE			1.4 CITY-ST-ZIP			
TITLE <b>D</b>		DELETE	2.1 TITLE			Change Addition
	i, lien		2.2 NAME			
STREET ADDRESS 430 BAYBERRY DR			2.3 STREE	ADDRESS		
CITY-ST-ZIP LAKE PARK FL			2.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		☐ DELETE	4.1 THTLE	1		L Change L Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		☐ DELET <b>é</b>	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			e 5/64
STREET ADDRESS			5.3 STREE	ADDRESS		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
CITY-ST-ZIP			5.4 CITY-1	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		1000024386	Change  Addition
NAME			6.2 NAME		1000024386 -02/24/98010090	28
STREET ADDRESS			6.3 STREE	ADDRESS	***150.00	

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 supplied 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.

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