


AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90002 009 ***150.00
 08-09-1999 90002 036 *****8.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S77638

1. Corporation Name
C & N IMPORT & EXPORT, INC.



Principal Place of Business 266 N.W. 47TH TERRACE X P O BOX 4522 DEERFIELD FL 33442	Mailing Address 266 N.W. 47TH TERRACE X P O BOX 4522 DEERFIELD FL 33442
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>7257 NW 58 WAY</u> Suite, Apt. #, etc.		2a. Mailing Address 26 <u>P.O. Box 4522</u> Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/03/1991	4. FEI Number 65-0282022	Applied For <input type="checkbox"/> Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
23	28	8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		
24	25	29	30	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent LEE, NELSON 7257 NW 58 WAY PARKLAND FL 33067				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, NELSON CHUNMUK	1.2 NAME	
STREET ADDRESS	7257 NW 58 WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, CONNIE FUNG YIU C.	2.2 NAME	
STREET ADDRESS	7257 NW 58 WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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 in an attachment with an address.

SIGNATURE: Katherine Harris 7-9-1999 954-340-6492

CR2E034 (5/99)

877638
602613-90002-36

Dear Katherine Harris.

When I received the Filing letter from
FLORIDA DEPARTMENT OF STATE. I do write a
check immediately. Therefore this is my first
receiving of Filing letters from my Postal Office
Box Address.

There are some mess up information for
the postman. if they sent it to 266NW 47th Ave.
Then I can't receive it. If he tries to
send it to P. O. Box, Then I received.

~~That the reason why I get your ^{2nd} letter~~
is the first mailing letter for me.

I am sorry about any inconvenience for you.

With regards

Yours truly

Melvin Lee

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