AMOUNT DUE ON CR BEFORE 094(5/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REMISTATE: \$750).

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Jul 15, 1999 8:00 am Secretary of State 07-15-1999 90007 019 ***150.00

. 1	1999 🤏	DIVISION OF CO	ORPORATIONS	07-13-1999	790007 019 11130.00
	MENT # COOTS	27 V		1	
GREAT E	EASTERN BANK OF FLO	RIDA			
					Printe, Bron (1970), Printe Graph Printe (1991) Brand (1991), Albert (1981), Brand (1981), Brand (1981)
					410k E144 (10k (10k E141 618k 104
Principal Place	of Business	Mailing Address		1	
4601 N.W. 72ND		ATTN: JULIO P. DOMINGUEZ 4601 N.W. 72ND AVENUE	Z		
MIAMI FL 33166		MIAMI FL 33166		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				05/13/1993	Applied Sec
2. Principal Place of Business		2a. Mailing Address 2a. Attn: David	C Kung	4. FEJ Number	Applied For Not Applicable
21		Suite, Apt. #, etc.	o. Rung	65-0446122	£9.75
Suite, Apt. #, etc.		27 4601 N.W. 721	nd Ave.	5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	·	Miami; Flori	da=	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current yo	Yes No
24	9. Name and Address of Cur		30	Intangible Personal Property. 10. Name and Address of New Regist	
	9. Name and Address of Cu	Trant Kadistoren whenr	B1 Name	John H. Lubera	
DOM	INGUEZ, JULIO P		93 51	Address (P.O. Box Number is Not Acceptable)	
4601 N.W. 72ND AVENUE			Street	Address (F.O. Box Hamber is Not recopable)	
MIAN	#I FL 33166		83		
) 			84 City		85 Zip Code
			11		FL S S S S S S S S S S S S S S S S S S S
11. Pursuant to the provisions of section 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, of body, if the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, 1 am familiar with land accept the obligations of, section 607.0505, Florida Statutes.					
agent. I am familiar with land addept the obligations of, section 607.0505, Florida Statutes.					
SIGNATURE.	Signature (700) or printed name of registered	COS 3C90 d agent and life of applicable. (NOT	TE: Registered Agent signatu	re required when reinstiting)	
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	DC \	DELETE	1.1 TITLE		Change
NAME	LEU, CARL W		1.2 NAME 1.3 STREET ADDRESS		الله الله الله الله الله الله الله الله
STREET ADDRESS	3966 ADRA AVENUE		1.4 CITY-ST-ZIP] &
CITY-ST-ZIP TITLE	MIAM1 FL 33166	OELETE	2.1 TITLE		Change Addition
NAME	TSENG, GEORGE S		2.2 NAME		
STREET ADDRESS	21 NE 166TH ST		23 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BCH FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	SHEA, ERIC		3 2 NAME		
STREET ADDRESS	1231 GOLFVIEW DRIVE, E. PEMBROKE PINES FL 3302	 XQ	3.4 CITY-ST-ZIP	- '	}
CITY-ST-ZIP TITLE	D	DELETE	4.1 TITLE		Change Addition
NAME	YU. STANLEY	C 0	4.2 NAME		Ì
STREET ADDRESS	11077 NW 36 AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33167		4.4 CITY-ST-ZIP		
TITLE	0	DELETE	5.1 TITLE		Change Addition
NAME	CHEN, MICHAEL		5.2 NAME		
STREET ADDRESS	2637 N. MIAMI AVENUE		5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		_
TITLE	MIAMI FL 33127	X DELETE	6.1 TITLE	D	X Change Addition
NAME	BAXTER, DONALD		8.2 NAME	John H. Lubera	(
STREET ADORESS	1200 N. FEDERAL HWY		6.3 STREET ADDRESS	9361 N.W. 18th Place	
CITY-ST-ZIP	DOOL DATON O		6.4 CITY-ST-ZIP	Plantation, FL 33322	artife that the information
14. I hereby co	ertify that the information supplied on this annual report or suppleme	i with this filing does not qualify for the ental annual report is true and accura	e exemption stated it ate and that my signs	i section 119.07(3)(i), Florida Statutes. I further of ature shall have the same legal effect as if made	under eath; that I am
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 eath; 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 chapped, or on arrival annual report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapped, or on arrival annual report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapped, or on arrival annual report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapped, or on arrival annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am					

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(305)716-9000

SIGNATURE: _

ED NAME OF SIGNING OFFICER OR DIRECTOR

07/02/1999 Cate