## 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

## DOCUMENT # **S93036**

1. Corporation Name

## Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90020 005 \*\*\*150.00

	im Consulting, Inc.							
Principal Place	e of Business	Mailing Address			[ \$0041010 106 (A140 13311 40100		Bri Biåli åfbil a	
1418 CORDOVA	STREET	1418 CORDOVA STREET CORAL GABLES FL 33134						
CORAL GABLES FL 33134 CORAL GABLES FL 33134 US				DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualife	d		
1					11/08/1991			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		<del></del>	plied For
21 31	16 ALHAHBRA CIR	26 3116 ALHA	MBRA CII	<u>R</u>	65-0300884		<del></del>	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	1
22		27				<del></del>		·
City & State		City & State  28 CORAL GAB	LES FL		<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>	, D	\$5.00 Added t	
23 COKA	Country	Zip Zip	Country		8. This corporation owes the cu	rrent year Inta		01663
24 3313			30 USA	ĺ	Personal Property Tax.		Yes	No
٠ ١ ( - ١ - ١ - ١ - ١ - ١	9. Name and Address of Current	<del></del>			10. Name and Address of New	Registered /	Agent	
			81 Na	ame				
	CHI-MING :		82 St	troot Address	(P.O. Box Number is Not Accep	ntable)	·	
<b>-1418</b>	CORDOVA STREET	•	02  3		ALHAMBRA C			
6 <del>0</del> 8	IAL GABLES FL 33194		83					
			84 C	ity			85 Zip (	Code
	•			CoRF	L GABLES	<u>FL</u>		134
. 11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statute	s, the above-na	med corpora	tion submits this statement for the	e purpose of	changing its	registered distered
office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Flor	ida Statutes.	corporations	s board or directors. Thereby acc	opt the appoin	ionem as 10	giotoroa
SIGNATURE			_					
	Signature, typed or printed name of registered agent a		Registered Agent sign	nature required wh	en reinstating) ADDITIONS/CHANGES TO C	DATE	D DIDECTO	NDS IN 12
12.	OFFICERS AND	DIRECTORS	13. 1.1 TITLE		ADDITIONS/CHANGES TO C	PERO AN	Change	Addition
TITLE	F	□ becele	1.) (1166					
NAME	IP, CHI-MING		4 2 NIANET					_
STREET ADDRESS			1.2 NAME	311	ALHAMBRA C	1R		_
	-1418 CORDOVA STREET		1.3 STREET ADD	-	ALHAMBRA C	IR		
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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 on an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE: