SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEM AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO F

PROFIT CORPORATION ANNUAL REPORT

TATE: \$750.) STATE M FLORIDA DEPARTMENT

17, 1997.

Sandra B. Morti Secretary of Sta

DIVISION OF CORPOR ONS

1997 DOCUMENT # \$96030

(9)

KAY CHEONG, INC.

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FILED Sep 18 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 1615 N. STATE RD. 7 1615 N. STATE RD. 7 LAUDERHILL FL LAUDERHILL FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 11/22/1991 01/23/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0297120 21 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Zip Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name Joseff Y. Leung Skumber is Not Acceptable) 18999 BISCAYNE BLVD Suite 205 MCGONIGLE, JAMES T. **0221 DANYAN TERR:** 82 Street Address (P.O. -PLANTATION FL 93317 83 84 City 007.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of 850 on 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sections 60, 0502 app office or registered agent, or bot agent, I am familiar with, and account of the country of the **SIGNATURE** Signature, typed or prin (NOTI: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 12. 13. DELETE Change TITLE 1.1 TITLE CHAN, MEI YING HE NAME 1.2 NAME 2565 NW 49 AVE APT #204 STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 1.4 C(TY - ST - Z(P TITLE 2.1 TITLE NGAN, STEVE NAME 2.2 NAME 336 NW 48 CT STREET ADDRESS 2.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE LAM, HEUNG M NAME 3.2 NAME 2005 NW-40TH AVE, APT, #204 3.3 STHEET ADDRESS STREET ADDRESS FT-LAUDERDALE FL-CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Acidition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 C/1Y - \$1 - 2IP DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. 1do 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 logal 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 chapted, or on an attachment with an address.