**FILED** 

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90025 019 \*\*\*158.75

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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # V08535

Corporation Name

Principal Place of Business

BECKERS INTERNATIONAL, CORP.

4261 NW 36 AVE MIAMI FL 33142 US		4205 MW 36TH AVE MIAMI FL 33142 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 01/23/1992				
·		A 14-115				4. FEI Number			T-1 A	pplied For
2. Principal Place of Business 2a. Mailing Address			6 Neone			65-0306887	7			ot Applicable
21	# - * -		8 4261 NW 36 AVENUE Suite, Apt. #, etc.			03 0300001				Additional
					ļ	<ol><li>Certificate of St</li></ol>	atus Desired	×	•	equired
City & State	City & State				6. Election Campa	aion Einancina		\$5.00	May Be	
¬,						Trust Fund Cor	-			to Fees
23   Zip	Country	Zip	Country			8. This corporatio		rent vear In		<u> </u>
24 25 29 30			_ `			Personal Prope		one your m	☐ Yes	□No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
<del></del>			81	Nam						
HUN	G, LEO		-	04	-	- (D.O. Bay Numbe	r in Nat Assent	abla)		
4261 NW 36 AVE			82	Stree	et Address (P.O. Box Number is Not Acceptable)					
MIAN	11 FL 33142		83							
										Codo
			84	City				FL	85  Zip	Code
11. Pursuant	to the provisions of Sections 607.05 agistered agent, or both, in the State in familiar with, and accept the oblig	02 and 607.1508, Florida Statutes	, the above	e-name the co	ed corpora	ation submits this st	atement for the	purpose of pt the appo	changing its intment as re	registered egistered
agent. I ar	n familiar with, and accept the oblig	ations of Section 607.0505, Florid	la Statutes		•		•			
SIGNATURE	Steven T. HUNG	(X) Xh						<u> Jan.</u>	12,199	<u> </u>
	Signature, typed or printed name of registered ag		<u> </u>	nt signatu	re required w	hen reinstating) ADDITIONS/CH.	ANCES TO SE			
12.	OFFICERS A	ND DIRECTORS	13. 1.1 TITLE		IV	ADDITIONS/CH.	ANGES TO OF	FICENS A	Change	☐ Addition
TITLE	CHILL HUNG CTEVEN T		1.2 NAME		HU	ing, Steve	n T		<b>4.4</b> 0	
NAME	SHIU HUNG, STEVEN T		1		100	61 NW 36	AVENU	e		
STREET ADDRESS	4261 NW 36 AVE		1.3 STREE			ami, FL				
CITY-\$T-ZIP	MIAMI FL 3342	☐ DELETE	1.4 CITY-S	T-ZIP	+ '''	ann, PL	UNIAZ		☐ Change	☐ Addition
TITLE	P	□ VELETE	2.1 TITLE						ogo	
NAME	HUNG, LEO		2.2 NAME						ـــر ـ	··
STREET ADDRESS	4261 NW 36 AVE		2.3 STREE		55					
CITY-ST-ZIP	MIAMI FL 33142	☐ DELETE	2. 4 CITY-5 3.1 TITLE	T-ZIP		· · ·			Change	☐ Addition
TITLE	S NOVAC DADDADA	DELETE	B.						<u></u>	
NAME	NOVAS,BARBARA		3.2 NAME							
STREET ADDRESS				3.3 STREET ADDRESS 3.4. CITY-ST-ZIP						
CITY-ST-ZIP	MIAMI FE 33142	☐ DELETE	4.1 TITLE	11-ZIP	+				Change	☐ Addition
TITLE			4. 2 NAME							_
NAME			4.3 STREET	T ADDOES	88					
STREET ADDRESS			4.4 CITY-S		~		•			
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	1 " 4,11"					Change	Addition
NAME			5.2 NAME						,	
STREET ADDRESS			5.3 STREE	ADDRES	ss					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP						
TITLE		☐ DELETE	6.1 TITLE		+	···			☐ Change	Addition
NAME			6.2 NAME				•			
STREET ADDRESS			6.3 STREET	TADDRES	ss					
CITY-ST-ZIP			6.4 CITY-S	T-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 of 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 of 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 chapter 507.

SIGNATURE:

WGNATURE REQUIRED

THE SAID TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Jan 12,1999 305-635-5000 Date Daytime Phone #