

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

55 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V09472** (4)

1. Corporation Name

HAUCHIE TECHNOLOGY CORPORATION

Principal Place of Business

**16485 COLLINS AVE.
SUITE 2335
MIAMI FL 33160**

Mailing Address

**16485 COLLINS AVE.
SUITE 2335
MIAMI FL 33160**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/28/1992

3a. Date of Last Report

04/06/1994

4. FEI Number

65-0312822

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MITTELBERG, BARRY
210 NORTH UNIVERSITY DRIVE
SUITE 802
CORAL SPRINGS FL 33071**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 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, 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

Signature, typed or printed name of registered agent and title of officer or director

Signature, typed or printed name of registered agent and title of officer or director

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**DP
PANG, SHEN
16485 COLLINS AVE, #2335
MIAMI FL**

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**DST
PANG, CHI LIEN CAROLINE
16485 COLLINS AVE, #2335
MIAMI FL**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that this 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 the attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/95 (205) 949-7461
Date Daytime Phone #