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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # V22341

(4)

KEEWA	Y EXPORT & IMPORT INC.					E 18 EN BIJBIB 11 EN E 11 EN E 11 EN E		81811 81811 :	
Principal Place	of Business	Mailing Address							
7680 WESTW		7680 WESTWOOD DR.							
817	OOD DRIVE	817							
TAMARAC FL	33321	TAMARAC FL 33321				16. 6.4.	41 0		
US		U\$ 			3. Date Incorporated or Qualified 03/19/1992	3a. Date of Last Report 08/08/1995			
2. Principal Pla 21	ce of Business	2a. Mailing Address			L 0F 0000040			Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$9.75 Addiso				
22		27			5. Certificate of Status Desired		Fee Required		
City & State		City & State				Election Campaign Financing Trust Fund Contribution	[]	,	May Be
Zip	Country	Zip	Co	untry		8. This corporation has liability for i	ntangible tax		
24	25	29	30	•		Florida Statutes			
	9. Name and Address of Current	<u>ll</u>	·	T		10. Name and Address of New R	egistered A	gent	
				81	Name The	eresa Chang CPA			
LIU WEN - HUNG				82 Street Address (P.O. Box Number is Not Acceptable)					
7680 WESTWOOD DRIVE, #817			2898 J			niversity Dr.	,		
TAMARA	C FL 33321			83		• 67			
				84	Suite City	<i>!'1</i>		85 Ziç	Code
				04	Cora	al Springs	FL		3065
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the ab	ove-n	named corporati	ion submits this statement for the pur	pose of chan	ging its re	egistered office
or registere familiar with	ed agent, or both in the State of Florida n, and accept the obligations of Section	n 607.0505, Florida Statutes.	o by the	corpo	oration's board	of directors. Thereby accept the appoint	MILLIANTE AS TE	igistereu •	agent, ram
SIGNATURE		Il .			_/		4/	16/	96
	Signature, typed or printed name of registered agent		E: Registere		t signatur ross iced w	fren reinstatrig)	DATE		
12.	OFFICERS AND PD	DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFF		OIRECTO Change	RS IN 12
TITLE	LIU WEN-HUNG (ELLIOTT)	L. Dettert		TITLE				Onlings	
NAME	7680 WESTWOOD DR., #817			NAME	1000100				
STREET ADDRESS	TAMARAC FL				ADDRESS				
CITY - ST - ZIP	TAMANAOTE	DELETE		CITY-S' TITLE	IT- ZIP			Change	Addition
TITLE		_		NAME	1		<u></u>	onungo	
NAME CZOLE LABORECE				_	ADDRESS				
STREET ADDRESS				CITY-S					
CITY-ST-ZIF TITLE		TTI DELETE		TITLE	11-217			Change	Addition
NAME				NAME			_		_
STREET ADDRESS					r address				
CITY-ST-ZIP				CITY-S					
TITLE		☐ DELETE		TITLE				Change	☐ Addition
NAME			4.21	NAME					
STREET ACORESS					ADDRESS				1
CITY-ST-ZIP				CITY-S					
TITLE		DELETE.		TITLE				Change	☐ Addition
NAMÉ			5.2	NAME					
STHEET ADDRESS			5.3	STREET	ADDRESS				
CITY-ST-ZIP			5.4	CITY - S	T-ZIP				
TITLE		DELETE		TITLE				Change	Addition
NAME			6.2	NAME					
STREET ADDRESS			63	STREET	ADORESS				
CITY-ST-ZIP				CITY - S					
	Mark the state of the second s	ith this files is valuatorily fursi	shod and	4 -4	a and avalled for	the exemption stated in Section 110	D7/200A Flori	do Chabut	on Hurthor

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 119.07(3)(k), 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.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 1996 (305) 762-0433