PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90076 009 ***150.00

DOCUMENT # V60196

1. Corporation Name

Principal Place	of Business	Mailing Address
1726 W HILLSB DEERFIELD BEA		1726 W HILLSBORO BLVD. DEERFIELD BEACH FL 33442
- j `	ace of Business	2a. Mailing Address
2. Principal Pi		2a. Mailing Address 26 Suite, Apt. #, etc.
1		26
Suite, Apt.	#, etc.	Suite, Apt. #, etc.
Suite, Apt. 2 City & State	#, etc.	Suite, Apt. #, etc.
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 27 City & State

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DEERFIELD BEA	ACH FL 33442	DEERFIELD BEACH PL 33442			DO NOT WRITE IN THIS SPACE
1					3. Date Incorporated or Qualifed 08/24/1992
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26	_ ••••		- 65-0393921 - Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27	-		5. Certificate of Status Desired Fee Required
City & Stat	е	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year Intangible
24	25	29	.		Personal Property Tax.
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
			81	Name	
	CHING-JEN			100	(D.O. Barrathania Mat. Acceptable)
8568	N.W. 52ND PLACE		82	Street Addre	ess (P.O. Box Number is Not Acceptable)
COR	IAL SPRINGS FL 33067		83	 	
			84	City	FL 85 Zip Code
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	norized by	the corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE: Re	egistered Age	nt signature required	d when reinstating) DATE
12.	OFFICERS AN	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TU, CHING-JEN		1.2 NAME	ł	•
STREET ADDRESS	8658 N.W. 52ND PLACE		1.3 STREE	TADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33607		1.4 CITY-S	iT-ZIP	·
TITLE	M	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SHANG- PYNG YEN		2.2 NAME	}	1
STREET ADDRESS	8658 N.W. 52ND PLACE	۔ ی سد د م	2.3 STREE	TADDRESS	a namangan gara na mana ga gana na managanan ga a a a a a a a a a a a a a a
CITY-ST-ZIP	CORAL SPRINGS FL 33067	• •	2.4 CITY-5	ST-7IP	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS				TADDRESS	
			3.4. CITY-5		
C/TY-ST-ZIP TITLE		[] DELETE	4.1 TITLE	2,-211	☐ Change ☐ Addition
NAME		·•	4.2 NAME	ĺ	
		i		TADORESS	
STREET ADDRESS			4.3 STREE		
CITY ST ZID			= 44CTV 9		

6.4 CITY-ST-ZIP 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 attachapent with an address, with all other like empowered.

5.1 TITLE 5.2 NAME

6.1 T/TLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

5. 你們繼母 Safe

美工作人类的

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SKIPLED PEOUPED

SIGNATURE AND PREDICTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

Change

Change

Addition

☐ Addition