

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000084375 (2)

1. Corporation Name
38 LME BAIT, INC.



Principal Place of Business: 147 MIDDLE WAY, NEW SMYRNA BEACH FL 32169 US
Mailing Address: 147 MIDDWAY, NEW SMYRNA BEACH FL 32169 US

3. Date Incorporated or Qualified: 11/14/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3279312
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.03? Florida Statutes: Yes No

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip, 25. Country, 29. Zip, 30. Country

9. Name and Address of Current Registered Agent
HAN, XIAO J
147 MIDDLE WAY
NEW SMYRNA BEACH FL 32169

10. Name and Address of New Registered Agent (81-84)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City, 85. Zip Code (FL)

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
1. TITLE: D, NAME: HAN, XIAO J, STREET ADDRESS: 147 MIDDLE WAY, CITY-ST-ZIP: NEW SMYRNA BEACH FL 32169
2. TITLE: D, NAME: HON, MON C, STREET ADDRESS: 147 MIDDLE WAY, CITY-ST-ZIP: NEW SMYRNA BEACH FL 32169
3. TITLE: _____, NAME: _____, STREET ADDRESS: _____, CITY-ST-ZIP: _____
4. TITLE: _____, NAME: _____, STREET ADDRESS: _____, CITY-ST-ZIP: _____
5. TITLE: _____, NAME: _____, STREET ADDRESS: _____, CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: _____, NAME: _____, STREET ADDRESS: _____, CITY-ST-ZIP: _____
2. TITLE: _____, NAME: _____, STREET ADDRESS: _____, CITY-ST-ZIP: _____
3. TITLE: _____, NAME: _____, STREET ADDRESS: _____, CITY-ST-ZIP: _____
4. TITLE: _____, NAME: _____, STREET ADDRESS: _____, CITY-ST-ZIP: _____
5. TITLE: _____, NAME: _____, STREET ADDRESS: _____, CITY-ST-ZIP: _____

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6/12/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Day, Inc. Print #

CR2E034 (3/96)