

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000037118 (3)

1. Corporation Name
YANG KUO, INC.



Principal Place of Business: **ONE BISCAYNE TOWER, TWO SOUTH BISCAYNE BLVD. #2600 MIAMI FL 33131-1802**
Mailing Address: **ONE BISCAYNE TOWER, TWO SOUTH BISCAYNE BLVD. #2600 MIAMI FL 33131-1802**

3. Date Incorporated or Qualified 05/08/1995	3a. Date of Last Report
4. FEI Number 65-0581380	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business 3649 30TH AVE N Suite, Apt. #, etc.	2a. Mailing Address 3649 30TH AVE N Suite, Apt. #, etc.
22. APT # 1 City & State ST PETE, FL 33713	27. APT # 1 City & State ST PETE, FL 33713
24. Zip PINELLAS	30. Zip PINELLAS

9. Name and Address of Current Registered Agent WANG, CHENG-SHOU ONE BISCAYNE TOWER, TWO SOUTH BISCAYNE BLVD. #2600 MIAMI FL 33131-1802		10. Name and Address of New Registered Agent	
81. Name LEE, MEI-HUI	82. Street Address (P.O. Box Number is Not Acceptable) 3649 30TH AVE N	83. APT # 1	84. City ST PETE
	85. Zip Code FL 33713		

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: Mei-Hui Yang Lee **MANAGER** **3-31-96**
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEE, YIH-HSIANG		1.2 NAME	
STREET ADDRESS 3649 30TH AVENUE, APT 1		1.3 STREET ADDRESS	
CITY- ST- ZIP ST. PETERSBURG FL 33713		1.4 CITY- ST- ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEE, KUANG-HSIANG		2.2 NAME	
STREET ADDRESS 3649 30TH AVENUE, APT 1		2.3 STREET ADDRESS	
CITY- ST- ZIP ST. PETERSBURG FL 33713		2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mei-Hui Y. Lee **813-528-8789**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E034 (12/95)