

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L63416

(6)

1. Corporation Name
LUU AND ASSOCIATES, INC.

Principal Place of Business
3729 CAPETOWN DRIVE
ORLANDO FL 32817

Mailing Address
3729 CAPETOWN DRIVE
ORLANDO FL 32817-1501

FILED
May 16 1997 8:00am
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/03/1990		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3001743		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LUU, NHUNG T 3729 CAPETOWN DRIVE ORLANDO FL 32817				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 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

Nhung Thi Luu

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

4/24/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUU, NHUNG T			1B NAME			
STREET ADDRESS	3729 CAPETOWN DRIVE			1B STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			1A CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUU, ANDY Q.			2B NAME			
STREET ADDRESS	3729 CAPETOWN DRIVE			2B STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			2A CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3B NAME			
STREET ADDRESS				3B STREET ADDRESS			
CITY-ST-ZIP				3A CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4B NAME			
STREET ADDRESS				4B STREET ADDRESS			
CITY-ST-ZIP				4A CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5B NAME			
STREET ADDRESS				5B STREET ADDRESS			
CITY-ST-ZIP				5A CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6B NAME			
STREET ADDRESS				6B STREET ADDRESS			
CITY-ST-ZIP				6A CITY-ST-ZIP			

14. I do 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 attachment with an address.

SIGNATURE:

Nhung Thi Luu

4/24/97

6797990

CR2E034 (9/96)