


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

FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L10579** (5)  
1. Corporation Name  
**LEE HOLDINGS COMPANY, INC.**



Principal Place of Business <b>C/O CHIEN LEE 4100 NE SECOND AVE #301 MIAMI FL 33137</b>	Mailing Address <b>C/O CHIEN LEE 4100 NE SECOND AVE #301 MIAMI FL 33137</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4100 NE SECOND AVE</b> Suite, Apt. #, etc. 22 <b>SUITE # 218</b> City & State 23 <b>MIAMI FL</b> Zip 24 <b>33137</b>		2a. Mailing Address 26 <b>4100 NE SECOND AVE</b> Suite, Apt. #, etc. 27 <b>SUITE # 218</b> City & State 28 <b>MIAMI FL</b> Zip 29 <b>33137</b>		3. Date Incorporated or Qualified <b>08/18/1989</b>	
				4. FEI Number <b>65-0141805</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>LEE, CHIEN 4100 NE SECOND AVE SUITE 301 MIAMI FL 33127</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>4100 NE SECOND AVE</b>	
				83 <b>SUITE # 218</b>	
				84 City <b>MIAMI</b> 85 Zip Code <b>FL 33137</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEE, CHIEN			1.2 NAME	LEE, CHIEN		
STREET ADDRESS	4100 NE SECOND AVE #301			1.3 STREET ADDRESS	4100 NE SECOND AVE # 218		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	MIAMI, FL 33137		
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEE, SYLVIA			2.2 NAME	LEE, SYLVIA		
STREET ADDRESS	4100 NE SECOND AVE #301			2.3 STREET ADDRESS	4100 NE SECOND AVE, # 218		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	MIAMI, FL 33137		
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 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; and that I am 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 \_\_\_\_\_ DATE **4/28/99** **13053576-7571**

CR2E034 (10/97)