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 # **F51990** **(2)**

1. Corporation Name

LAI WAH, INC.

Principal Place of Business	Mailing Address
5522 TAFT ST. 4109 TAMIAMI TRAIL PORT CHARLOTTE FL 33952 US	5522 TAFT ST. 4109 TAMIAMI TRAIL PORT CHARLOTTE FL 33952 US

2. Principal Place of Business	2a. Mailing Address
21 Street, Apt. #, etc: 4109 Tamiami Trail	26 Street, Apt. #, etc: 4109 Tamiami Trail
22	27
23 City & State: Port Charlotte, Fl	28 City & State: Port Charlotte, Fl
24 Zip: 33952 — 25 County: Charlotte	29 Zip: 33952 — 30 County: Charlotte

3. Date Incorporated or Qualified: **10/29/1981**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2286223** ☐ Applied For ☐ Not Applicable

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. 193.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MOY LAI LAI KUEN
4109 TAMIAMI TRAIL
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name: Lily Moy
82 Street Address (P.O. Box Number is Not Acceptable): 4109 Tamiami Trail
83
84 City: Port Charlotte **FL** 85 Zip Code: 33952

11. Pursuant to the provisions of Section 607.0502 and 607.1503, 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: Lai Lai Kuen Moy — Lai Lai Kuen Moy — 3/20/96
(Registered Agent's Signature) (Printed Name of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	XX DELETE	11 TITLE: PVTS	☐ Change ☒ Addition
NAME	MOY, TONY		12 NAME: Moy, Lily	
STREET ADDRESS	5522 TAFT ST.		13 STREET ADDRESS: 4109 Tamiami Trail	
CITY-ST-ZIP	HOLLYWOOD FL		14 CITY-ST-ZIP: Port Charlotte, Fl 33952	
TITLE	PT	X ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	MOY, LAI LAI KUEN		22 NAME	
STREET ADDRESS	4109 TAMIAMI TRAIL		23 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL		24 CITY-ST-ZIP	
TITLE	V	X ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	MOY, LILLY		32 NAME	
STREET ADDRESS	5522 TAFT ST.		33 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL		34 CITY-ST-ZIP	
TITLE	VS	X ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	MOY, LILY		42 NAME	
STREET ADDRESS	4109 TAMIAMI TRAIL		43 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL		44 CITY-ST-ZIP	
TITLE	VPS	X ☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	SHI, TOY		52 NAME	
STREET ADDRESS	4109 TAMIAMI TRAIL		53 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 with an address.

SIGNATURE: _____ 3/20/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date