

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

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H40361 (8)

1. Corporation Name
TAI SHING, INC.

Principal Place of Business
8260 STATE RD 84
DAVIE FL 33324
US

Mailing Address
8260 STATE RD 84
DAVIE FL 33324-4641
US



| | |
|---|--|
| 3. Date Incorporated or Qualified 01/30/1985 | 3a. Date of Last Report 04/02/1996 |
| 4. FEI Number 59-2485809 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> No | |

| | |
|--------------------------------|-----------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt #, etc. | 26 Suite, Apt #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 29 |

9. Name and Address of Current Registered Agent

JONAS, ROYAL FLAGG
SUITE 210
220 71ST ST
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name CHIH-HUNG JAMES LAI
82 Street Address (P.O. Box Number is Not Acceptable)
12 PS NW 106 TERRACE
83
84 City PLANTATION FL 85 Zip Code 33322

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 *[Signature]* (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS

| | | | |
|----------------|---|-------------------|--|
| TITLE | S | WONG, SIU HUNG | <input checked="" type="checkbox"/> DELETE |
| NAME | | 1357 NW 126 WAY | |
| STREET ADDRESS | | SUNRISE FL | |
| CITY-ST-ZIP | | | |
| TITLE | D | WONG, SHUNG CHUNG | <input checked="" type="checkbox"/> DELETE |
| NAME | | 711 SW 96 AVE | |
| STREET ADDRESS | | PEMBROKE PINES FL | |
| CITY-ST-ZIP | | | |
| TITLE | P | WONG WAI HING | <input checked="" type="checkbox"/> DELETE |
| NAME | | 1357 NW 126 WAY | |
| STREET ADDRESS | | SUNRISE FL | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> DELETE |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> DELETE |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> DELETE |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------|--|
| 1.1 TITLE | D/P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | YIP, KAM | |
| 1.3 STREET ADDRESS | 3651 SW 58 TERR | |
| 1.4 CITY-ST-ZIP | DAVIE, FL 33314 | |
| 2.1 TITLE | YIP, LAM FAI | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | 3651 SW 58 TERR | |
| 2.3 STREET ADDRESS | DAVIE, FL 33314 | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 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 in an attachment with an address.

SIGNATURE *[Signature]* SIGNATURE REQUIRED *President* (954) 472-8156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)