

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Barbara B. Mathiam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 8:22

DOCUMENT # **H44962** (9)  
1. Corporation Name  
**LI-FONG CORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Office of Issuance: **% LUIS LI**  
**6745 WEST 4TH AVENUE**  
**HIALEAH FL 33012**

Mailing Address: **% LUIS LI**  
**6745 WEST 4TH AVENUE**  
**HIALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/28/1985</b>	3a. Date of Last Report <b>10/21/1994</b>
4. FEI Number <b>59-2501022</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions <input type="checkbox"/>	<b>\$5.00</b> 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	

2. Principal Office of Issuance		2a. Mailing Address	
21. <b>6757 West 4th Ave</b>	26. <b>6757 West 4th Ave</b>	Suite, Apt. #, etc.	
22. <b>Hialeah FLA</b>	27. <b>Hialeah FLA</b>	City & State	
23. <b>33012</b>	28. <b>USA</b>	29. <b>USA</b>	30. <b>USA</b>

9. Name and Address of Current Registered Agent

**LI, LUIS**  
**6745 WEST 4 AVENUE**  
**HIALEAH FL 33012**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

**FL**

I1. Pursuant to the provisions of sections 607.02(1) and 607.15(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to registered agent for 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 the for said 607.02(1), Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDRESS OF OFFICERS AND DIRECTORS	
OFFICER	<b>PD</b> <b>LI, LUIS</b> <b>6745 WEST 4 AVENUE</b> <b>HIALEAH FL</b>	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
OFFICER	<b>D</b> <b>LI, LAI HING</b> <b>6745 WEST 4 AVENUE</b> <b>HIALEAH FL</b>	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
OFFICER		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
OFFICER		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
OFFICER		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
OFFICER		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
OFFICER		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
OFFICER		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
OFFICER		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
OFFICER		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
OFFICER		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address

I4. I, the undersigned, certify that the information reported on the foregoing voluntarily furnished and does not qualify for the exemption stated in Section 199.032(1)(a), Florida Statutes. That I am a citizen of the United States and that the information submitted 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 at the time of filing and I am qualified to receive the report as required by Chapter 607, Florida Statutes, and that my name appears in the 607.02(1)(a) of chapter 607, Florida Statutes, and that my name is not a change of name or an alternate name with an address.

SIGNATURE: **Luis Li**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* 4/27/95