

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 # H95981

(7)

1. Corporation Name
FREELA, INC.

Principal Place of Business

4205 NW 36TH AVE
MIAMI FL 33142

Mailing Address

4205 NW 36TH AVE
MIAMI FL 33142-4217

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Zip

27 City & State

28 Zip

29 Country

30 Country

9. Name and Address of Current Registered Agent

HUNG, LEO
4205 NW 36TH AVE
MIAMI FL 33126

61 Name
HUNG, LEO K.

62 Street Address (P.O. Box Number is Not Acceptable)
4205 N.W. 36 AVE.

63
64 City
MIAMI

FL 85 Zip Code
33142

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

VICE-PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

1/13/97

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

CR2E034 (9/96)

TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNG, LEO		1.2 NAME	HUNG, LEO K.	
STREET ADDRESS	4205 NW 36TH AVE		1.3 STREET ADDRESS	4205 N.W. 36 AVE.	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNG, STEVEN		2.2 NAME	HONG, STEVEN	
STREET ADDRESS	4205 NW 36TH AVE		2.3 STREET ADDRESS	4205 N.W. 36TH AVE	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, FL 33142	
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 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:

ASST SECRETARY VICE-PRESIDENT

1/13/97