

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J12484** (8)

1. Corporation Name  
**LEU BON PRODUCE, INC.**



Principal Place of Business: **2530 N. POWERLINE ROAD #401 POMPANO BEACH FL 33069**  
Mailing Address: **2530 N. POWERLINE ROAD #401 POMPANO BEACH FL 33069**

3. Date Incorporated or Qualified: **05/02/1986**  
3a. Date of Last Report: **03/27/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: **59-2668661**  
Applied For:  Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

23. Zip Country

28. Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

24. 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MA, BONNIE Y.  
9236 SOUTHAMPTON PL.  
BOCA RATON FL 33434**

81. Name: **Bonnie Y Lau**  
82. Street Address (P.O. Box Number is Not Acceptable): **4000 S Ocean Blvd., PH 601**  
83.   
84. City: **Palm Beach, FL** 85. Zip Code: **33480**

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: \_\_\_\_\_ (Print Name and Typed or Printed Name of Signer) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS		
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>MA, BONNIE Y.</b>	
STREET ADDRESS	<b>9236 SOUTHAMPTON PL.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>LEUNG, KWOK HUNG</b>	
STREET ADDRESS	<b>32 COLUMBIA COURT</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>MA, KWAN FONG</b>	
STREET ADDRESS	<b>9236 SOUTHAMPTON PL.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Bonnie Y Lau</b>	
1.3 STREET ADDRESS	<b>4000 S Ocean Blvd., PH 601</b>	
1.4 CITY-ST-ZIP	<b>Palm Beach, FL 33480</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	<b>2530 N Powerline Road, #401</b>	
3.4 CITY-ST-ZIP	<b>Pompano Beach, FL 33069</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or 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: *Bonnie Y Lau* **Bonnie Y Lau** 4/4/96 (954) 974-7925  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)