

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

FILED
Jan 23 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # J12484 (8)

1. Corporation Name
LEU BON PRODUCE, INC.



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| Principal Place of Business 2530 N. POWERLINE ROAD #401 POMPANO BEACH FL 33069 | Mailing Address 2530 N. POWERLINE ROAD #401 POMPANO BEACH FL 33069 |
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/02/1986

4. FEI Number
59-2668661

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

| | | | | | | | | | |
|--|------------------|---------|-------------|-------------|--|------------------|---------|-------------|-------------|
| 21. Principal Place of Business Suite, Apt. #, etc. | 22. City & State | 23. Zip | 24. Country | 25. Country | 26. Mailing Address Suite, Apt. #, etc. | 27. City & State | 28. Zip | 29. Country | 30. Country |
|--|------------------|---------|-------------|-------------|--|------------------|---------|-------------|-------------|

9. Name and Address of Current Registered Agent

LAU, BONNIE Y
4000 S OCEAN BLVD PH 601
PALM BCH FL 33480

10. Name and Address of New Registered Agent

81 Name
Kwok Hung Leung

82 Street Address (P.O. Box Number is Not Acceptable)
2530 N Powerline Road, #401

83

84 City
Pompano Beach **FL** 85 Zip Code
33069

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] 1/15/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | DS <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAU, BONNIE Y | 1.2 NAME | |
| STREET ADDRESS | 4000 S OCEAN BLVD PH 601 | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | PALM BCH FL | 1.4 CITY - ST - ZIP | |
| TITLE | DP <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEUNG, KWOK HUNG | 2.2 NAME | |
| STREET ADDRESS | 32 COLUMBIA COURT | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | POMPANO BEACH FL | 2.4 CITY - ST - ZIP | |
| TITLE | DVP <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MA, KWAN FONG | 3.2 NAME | |
| STREET ADDRESS | 2530 N POWERLINE RD #401 | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | POMPANO BCH FL | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | VP Kew Tang Ma |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 2513 N W 95th Ave |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | Coral Springs, Fl 33065 |
| 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 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 [Signature] 1/15/98 (900) 974-7925

CP2E034 (10/97)