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May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # J46632 (2)
1. Corporation Name
T.S.K. ENTERPRISES (USA), INC.



Principal Place of Business: 17009 PAULA LANE LUTZ FL 33549
Mailing Address: 17009 PAULA LANE LUTZ FL 33549-4818

3. Date Incorporated or Qualified: 12/03/1986
3a. Date of Last Report: 05/31/1996
4. FEI Number: 59-2875896
Applied For: Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc; 27 City & State; 28 Zip; 29 Country; 30

9. Name and Address of Current Registered Agent: LAU, GRACE KAO, 17009 PAULA LANE, LUTZ FL 33549
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)

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] DATE: [Blank]
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PST	NAME: LAU, GRACE KAO	1.1 TITLE:	1.2 NAME:
STREET ADDRESS: 17009 PAULA LANE	CITY-ST-ZIP: LUTZ FL	1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP:
TITLE: V	NAME: KAO, DAVID	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: 17007 PAULA LANE	CITY-ST-ZIP: LUTZ FL	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: V	NAME: KAO, ALEX	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: 121 WONG NEI CHONG 6/F	CITY-ST-ZIP: HONG KONG	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE:	NAME:	4.1 TITLE:	4.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE:	NAME:	5.1 TITLE:	5.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	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 on an attachment with an address.

SIGNATURE: [Signature] DATE: 4/28/97 (813) 963-6888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)