

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

FILED
Apr 16 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 # 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/03/1986	
21 Suite, Apt #, etc.	22 City & State	26 Suite, Apt #, etc.	27 City & State	4. FEI Number 59-2875896	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

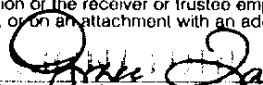
9. Name and Address of Current Registered Agent LAU, GRACE KAO 17009 PAULA LANE LUTZ FL 33549				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
CITY - ST - ZIP			LUTZ FL	2.1 TITLE		2.2 NAME	
TITLE	V	NAME	KAO, DAVID	2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
STREET ADDRESS			17007 PAULA LANE	3.1 TITLE		3.2 NAME	
CITY - ST - ZIP			LUTZ FL	3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
TITLE	V	NAME	KAO, ALEX	4.1 TITLE		4.2 NAME	
STREET ADDRESS			121 WONG NEI CHONG 6/F	4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
CITY - ST - ZIP			HONG KONG	5.1 TITLE		5.2 NAME	
TITLE		NAME		5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
STREET ADDRESS				6.1 TITLE		6.2 NAME	
CITY - ST - ZIP				6.3 STREET ADDRESS		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:  4/8/98 (813) 963-6888

CR2E034 (10/97)