

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

APPROVED
pg. 1 of 2
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97 NOV 26 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K 80687
1. Corporation Name

LIUSKI INTERNATIONAL MIAMI, INC

Principal Place of Business BEACON CENTRE, SUITE 100 8501 N.W. 17TH ST. MIAMI, FL 33126	Mailing Address 6585 CRESCENT DR. NORCROSS, GA 30071
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	26. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 4/17/1989 3a. Date of Last Report 4. FEI Number 22-2968556 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D/P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	CFO D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIU, HSING YEN		1.2 NAME	JIAO, DUKE	
STREET ADDRESS	646 TAILS LAKE DR		1.3 STREET ADDRESS	6585 CRESCENT DR	
CITY-ST-ZIP	ALPHARETTA, GA		1.4 CITY-ST-ZIP	NORCROSS, GA	
TITLE	D/V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	CFO A/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAN, MANUEL		2.2 NAME	TSAI, MARTIN	
STREET ADDRESS	535 THURNTON WAY		2.3 STREET ADDRESS	6585 CRESCENT DR	
CITY-ST-ZIP	ATLANTA, GA		2.4 CITY-ST-ZIP	NORCROSS, GA	
TITLE	CFO A/S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		
NAME	RAJUSE, MARK K.		3.2 NAME		
STREET ADDRESS	610 BRANDON PARK PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		
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		
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/18/97 (770) 447-9454

CR2034 (9/96)

LIUSKI INTERNATIONAL, INC.
6585 CRESCENT DRIVE
NORCROSS, GEORGIA 30071
TEL: (770) 447-9454
FAX: (770) 441-1671

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Liuski

October 30, 1997

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, Florida 32314-6327

Re: Document #: K80687
Liuski International Miami, Inc.
Suite 120, Beacon Center
8501 NW 17th Street
Miami, Florida 33126
FEI Number: 22-2968556

To Whom It May Concern:

Enclosed please find a check in the amount of \$165.00 for both the Annual Report Fee of \$61.25 and Corporate Supplemental Fee of \$103.75.

Please be advised this notice was the first and only notice we have received on referenced subject matter. Therefore, we are in contest with the reinstatement fee of \$585.00 and we feel it should be waived in our circumstances.

Very truly yours,



Sharon Yau
Assistant Controller

p.s. Attachment is the copy of Ct - Original Ct already mailed out