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

PROFIT CORPORATION ANNUAL REPORT

1997

LI'S SUNSHINE, INC.

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L12041

(4)

AL DIV A DAY DONCE IN STODE

Mailing Address

FILED Feb 19 1997 8:00am Secretary of State

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96 PIK A PAK 0 1001 N.W. 119 : NORTH MIAMI F		1001 N.W. 119 STR	1001 N.W. 119 STREET NORTH MIAMI FL 33168-6240		3. Date Incorporated or Qualified	3a. Date of Last Report
					08/29/1989	04/11/1996
2. Principal Pla	ace of Business	2a. Mailing Addres	S		4. FEI Number 65-0143219	Applied For
21		26 Suite Ant # 61			0070143218	Not Applicable S8.75 Additional
Suite, Apt. #, etc.		27 Stirte, Apt. #, et	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28		A. salas r	Trust Fund Contribution	Added to Fees
Z _i p	Country	Zip	30	ountry	This corporation has liability for Florida Statutes	Intangible tax under s. 199.032, Yes No
24	9. Name and Address of Cur	rent Registered Agent	[30]		10. Name and Address of New Re	
	ING PO			81 Name		
	W. 46 STREET, #401			82 Street Ad	dress (P.O. Box Number is Not Acceptate	nte l
	EAH FL 33012			5 Street AC	Cress (1.0. Dox Natinuel is 101 Acceptate	жу
				83		
				84 City		85 Zip Code
						ॏ─ॎ │ │
office or re	o the provisions of Sections 607 t egistored agent, or both, in the St in familiar with, and accept the ob	rate of Florida. Such change	was authoria	zed by the corpor	progration submits this statement for the pration's board of directors. I hereby acce	ourpose of changing its registered pt the appointment as registered
SIGNATURE :	Sign. 9 or hyperoper proceed matter of registeres	4 4 4 4	(NOTE: Florest	ered Agent signature rec	o ideal when releasing)	DAYE
12.		AND DIRECTORS	(IVOTE: Hagisti		ADDITIONS/CHANGES TO OFFIC	
TITLE	P	☐ DELE		TITLE		Change Addition
NAMÉ	LI, KING PO		1.2	2 NAME		
STREET ADDRESS	1475 W. 46 STREET #401		1.3	STREET ADDRESS		
CITY - ST - ZIP	HIALEAH FL			4 CITY-ST-ZIP		
TITLE	ST	☐ DELE	TE 2.	1 TITLE		Change Addition
NAME	LI, SOE YIN		2.2	2 NAME		
STREET ADORESS	1475 W. 46 STREET #401			3 STREET ADDRESS		
CITY- ST-20F	HIALEAH FL	☐ DELI		4 CITY - ST - ZIP		Change Addition
TITLE		C) DEM		1 TITLE		Citatige Citation
NAME				2 NAME 3 STREET ADDRESS		
STREET ADDRESS				4. CITY-ST-ZIP		
DITY ST-Z#	A CONTRACTOR OF THE CONTRACTOR	DEL		1 TITLE		Change Addition
NAME				2 NAME		
STREET ADDRESS			4.2	3 STREET ADORESS		
CITY-ST-ZIP			4.	4 CITY-ST-ZIP		
Title		☐ DEL	ETE 5.	1 TITLE		Change Addition
NAM-			5.	2 NAME		
STALET ADDRESS			5.	3 STREET ADDRESS		!
CiTY-S1-ZIP				4 CITY-ST-ZIP		
TITLE		DEL	ETE 6	1 TITLE		Change Addition
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.