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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

		# L2626 RESS, INC.	3	(8)							
Principal Place of Business Mailing Address											
222 WEST WATERS AVENUE TAMPA FL 33804				222 WEST WATERS AVENUE TAMPA FL 33604-2953							
								3. Date Incorporated or Qualified 10/30/1989		te of Last Re 12/1996	eport
⊢ ¬ '	2. Principal Place of Business			2a. Mailing Address				4. FEI Number		 	plied For
Suite, Apt.	# oto		26 Cuito	Suite, Apt. #, etc.				59-2993425	59-2993425 Not Applicable		
22	π, etc.		h	27				5. Certificate of Status Desired		Fee Re	
City & Stat	le			City & State				6. Election Campaign Financing		\$5.00	·
23			28	28				Trust Fund Contribution		Added t	
Zip		Country	Zip		Cour	itry		8. This corporation has liability for i			. 199.032,
24		25	29		30				Yes [
1441	LUAMS, DA	and Address of Curr	ent Hegistereo	Agent		61	Name	10. Name and Address of New Re	gistøred #	gent	
501		nedy blvd. Suite	E 1400			82 83	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
11. Pursuant office or r	to the provis	sions of Sections 607.0 gent, or both, in the Sta	502 and 607.150 ate of Florida. Su	08, Florida Statu ch change was		Ì	•	rporation submits this statement for the pation's board of directors. I hereby accep	FL urpose of of the appo	1 1 '	Code s registered registered
SIGNATURE		For printed name of registered	agent and little if applic	oble (NO	L flegistered			uired when reinstating)	DATE		
12.	<u> </u>	OFFICERS A	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	D	VEN LUNG		DELETE	1.110					Change	Addition
STREET ADDRESS		ST FOWLER AVENU	JE			REET	ADDRESS				
CITY-ST-ZIP TITLE	D			DELETE	1.4 CH 2 1 TH	_	1 - ZIP			Change	Addition
NAME	CHIU, T	SUI LIN			2 7 NA					orwange	Addition [
STREET ADDRESS		VOCET DR.					ADDRESS				
CITY-ST-ZIP	LUTZ FL				2:401						
TITLE	1			DELETE	3.1 T()					Change	Addition
NAME					3.2 NA	ME	Ì				į
STREET ADDRESS	1				3.3 \$11	REFT	ADDRESS				İ
CITY-ST-ZIP					3.4.00	Y-S	1 - ZIP				
TITLE				DELETE	4.1 111	LE				Change	Addition
NAME					4. 2 NA	MŁ					
STREET ADDRESS	1				4.3 \$16	REE I	ADDRESS				ł
CITY-ST-ZIP	ļ			" []	4.4 C(1		1 - 71P				
TITLE	1			DETEN	5.1 111					L Change	Addition
NAME	1				5.2 NA						
STREET ADDRESS	1						ADDRESS				
CITY-ST-ZIP	 			DELETE	5401		1 - ZIP			Change	Addiso
TITLE	1			L DUTTIE	61 111		}			Change	Addition
NAME	1				6.2 NA	VIC	ı				

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 attrichment with an address

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 10 1997 8:00am

Secretary of State