

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **L28378** (2)

95 APR 11 PM 9:42

1. Corporation Name
SAIPLAS CORPORATION

Principal Place of Business

Mailing Address

C/O JAMES T. TSAI
~~8123 MIDDLE FORK WAY~~
JACKSONVILLE FL 32256

C/O JAMES T. TSAI
~~8123 MIDDLE FORK WAY~~
JACKSONVILLE FL 32256

8544 Hunters Creek N.

8544 Hunters Creek N.

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21 8544 Hunters Creek N.

26 8544 Hunters Creek N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Jax FL

28

Zip

Zip

24 32256

29

Country

Country

25

30

3. Date Incorporated or Qualified

3a. Date of Last Report

11/08/1989

04/13/1994

4. FEI Number

94-2920608

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 100.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TSAI, JAMES T.
8123 MIDDLE FORK WAY
JACKSONVILLE FL 32256

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TSAI, JAMES T.
STREET ADDRESS	8123 MIDDLE FORK WAY
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VD
NAME	TSAI, PAUL W.
STREET ADDRESS	9332 POWER DRIVE
CITY - ST - ZIP	HUNTINGTON BEACH CA
TITLE	D
NAME	CHANG, AILEE
STREET ADDRESS	3661 CATHEDRAL OAKS PL. N.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	TSAI, KEVIN
STREET ADDRESS	8123 MIDDLE FORK WAY
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	WANG, YONG Delete.
STREET ADDRESS	205 E. 8TH STREET
CITY - ST - ZIP	WINONA MN
TITLE	D
NAME	XIANG, SHING Delete.
STREET ADDRESS	1001 ROCKVILLE PARK, APT. 325
CITY - ST - ZIP	ROCKVILLE MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	8544 Hunters Creek N.
1.4 CITY - ST - ZIP	JACKSONVILLE FL 32256
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	KIANG, AILEE
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	D Xu, XIANG
5.3 STREET ADDRESS	3030 Ravenna Road
5.4 CITY - ST - ZIP	Hudson, OH 44236
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	D Lo, Yin C.
6.3 STREET ADDRESS	730 Summit Circle S.E.
6.4 CITY - ST - ZIP	N. Canton, OH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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

JAMES T. TSAI

Date

4/5/95

Daytime Phone #