

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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M11678** (3)
1. Corporation Name
SAM MEI CORPORATION

Principal Place of Business: **1886 E. 4 AVE. HIALEAH FL 33010**
Mailing Address: **1886 E. 4 AVE. HIALEAH FL 33010**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/22/1985	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0383763	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under § 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
State, Apt. # etc. 22	State, Apt. # etc. 27
City & State 23	City & State 28
Country 24	Country 30

9. Name and Address of Current Registered Agent CHAU SAM 610 E 4TH AVE HIALEAH FL 33013		10. Name and Address of New Registered Agent	
		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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME PD CHAU, SAM 610 E 4TH AVE HIALEAH FL	12.2 STREET ADDRESS 610 E 4TH AVE HIALEAH FL 33013	13.1 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.3 NAME	12.4 STREET ADDRESS	13.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME	12.6 STREET ADDRESS	13.3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME	12.8 STREET ADDRESS	13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME	12.10 STREET ADDRESS	13.5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 NAME	12.12 STREET ADDRESS	13.6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME	12.14 STREET ADDRESS	13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.15 NAME	12.16 STREET ADDRESS	13.8 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 NAME	12.18 STREET ADDRESS	13.9 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.19 NAME	12.20 STREET ADDRESS	13.10 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information required will, this filing is voluntarily furnished and I am not qualified, for the exemption stated in Section 199.032 Florida Statutes. I further certify that the information submitted in this annual report or supplemental annual report is true and accurate and that my corporation shall have the same responsibility for each such report as that which is applicable to the corporation of the same or similar type required to complete the report as required by Chapter 199 Florida Statutes, and that my name appears in Block 1, or Block 1a, of the report or any attachment with an address.

SIGNATURE: Loren Ouel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95 227-3120