

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
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

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	13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS	610 E 4TH AVE	13.2 NAME	
12.3 CITY	HIALEAH FL	13.3 STREET ADDRESS	
12.4 STATE	FL	13.4 CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 ZIP	33013	13.5 NAME	
12.6 STREET ADDRESS		13.6 STREET ADDRESS	
12.7 CITY		13.7 CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 STATE		13.8 NAME	
12.9 ZIP		13.9 STREET ADDRESS	
12.10 STREET ADDRESS		13.10 CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 CITY		13.11 NAME	
12.12 STATE		13.12 STREET ADDRESS	
12.13 ZIP		13.13 CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS		13.14 NAME	
12.15 CITY		13.15 STREET ADDRESS	
12.16 STATE		13.16 CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 ZIP		13.17 NAME	
12.18 STREET ADDRESS		13.18 STREET ADDRESS	
12.19 CITY		13.19 CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.20 STATE		13.20 NAME	
12.21 ZIP		13.21 STREET ADDRESS	
12.22 STREET ADDRESS		13.22 CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.23 CITY		13.23 NAME	
12.24 STATE		13.24 STREET ADDRESS	
12.25 ZIP		13.25 CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information required will be filed as voluntarily furnished and does not qualify for the exemption stated in Section 199.032 Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same as effect as if each shareholder had taken the oath of office for the corporation of this report or further proposed to execute the report as required by Chapter 607 Florida Statutes, and that my name appears on Block 1, or Block 1a, of the report or on any attachment with an address.

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

4-26-95 227-3120