2001 UNIFORM BUSINESS REPORT (UBR)

08-21-2001 90033 032 ****70.00
P94000007916

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000007916

1. Entity Name

LAM'S ASIAN MARKET CORPORATION

Amended

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1831 W. OAKLAND PARK BLVD.	1831 W OAKLAND PARK BLVD.
OAKLAND PARK, FL 33311	OARLAND PARK, FL 33311

2. Principal Place of Business	3. Mailing Address
4213 N. STATE ROAD 7	4213 N STATE ROAD 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAUDERDALE LAKES, FL	City & State: LAUDERDALE LAKES, FL
Zip: 33319 Country: USA	Zip: 33319 Country: USA

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
QUANG H. LAM	Name: PAUL KAM PUI LAM
1857 NW 109 AVE.	Street Address (P.O. Box Number is Not Acceptable): 4213 N. STATE ROAD 7
PLANTATION, FL 33322	City: LAUDERDALE LAKES FL Zip Code: 33319

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: _____, QUANG H. LAM / PRESIDENT 08-01-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT LAM, QUANG H 1857 NW 109 AVE. PLANTATION FL 33322	[X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT PAUL KAM PUI LAM 4213 N. STATE ROAD 7 LAUDERDALE LAKES FL 33319-4844	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT LAM, DAO N. 1857 NW 109 AVE. PLANTATION FL 33322	[X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition

CR2E037 (11/00)

12. I 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 08-01-01 _____ 08/01/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #