

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000034948 (7)

1. Corporation Name
LEE FUNG INC.

Principal Place of Business
4239 W HILLSBORO BLVD
COCONUT CREEK FL 33073
US

Mailing Address
4239 W HILLSBORO BLVD
COCONUT CREEK FL 33073
US

FILED
Apr 22 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/09/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0488520	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent LAU, PAULA 20983 AVENUE RUN BOCA RATON FL 33428				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		Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	11 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAM, ZHAO W		12 NAME				
STREET ADDRESS	4239 W HILLBORO BLVD		13 STREET ADDRESS				
CITY-ST-ZIP	COCONUT CREEK FL 33073		14 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	21 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAU, PAULA		22 NAME				
STREET ADDRESS	20983 AVENUE RUN		23 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		24 CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> DELETE	31 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAM, WANG SUNG		32 NAME				
STREET ADDRESS	4329 W. HILLBORO BLVD.		33 STREET ADDRESS				
CITY-ST-ZIP	COCONUT CREEK FL 33073		34 CITY-ST-ZIP				
TITLE	VP	<input checked="" type="checkbox"/> DELETE	41 TITLE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HO, CHUI KWAN		42 NAME				
STREET ADDRESS	3841 W. HILLSBORO BLVD. #A105		43 STREET ADDRESS				
CITY-ST-ZIP	COCONUT CREEK FL 33073		44 CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> DELETE	51 TITLE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAI, CHUI KING		52 NAME				
STREET ADDRESS	6147 NW 40 COURT		53 STREET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL		54 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	61 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY-ST-ZIP			64 CITY-ST-ZIP				

14. 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 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: X (Signature) 4/17/98 (954)421-9777

CR2E034 (10/97)