

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

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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



DOCUMENT # **P94000062432 (7)**
 1. Corporation Name
LI'S FAMILY, INC.

Principal Place of Business Mailing Address
2860 CORAL WAY MIAMI FL 33145 **2860 CORAL WAY MIAMI FL 33145**

2. Principal Place of Business 2a. Mailing Address
 21 **9717 NW 41ST STREET** 26 **9717 NW 41 STREET**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **MIAMI FL** 27 **MIAMI FL**
 City & State City & State
 23 **33178 DAGE** 28 **33178 DAGE**
 Zip Country Zip Country
 24 25 29 30

3. Date Incorporated or Date of Last Report
09/24/1994
 4. FEI Number **65-0513377**
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
LI, JUN H
2860 CORAL WAY
MIAMI FL 33145

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
9717 NW 41 STREET
 B3 **MIAMI FL 33178**
 B4 City FL B5 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LI, JUN H	1.2 NAME	
STREET ADDRESS	2860 CORAL WAY	1.3 STREET ADDRESS	9717 NW 41 STREET
CITY - ST - ZIP	MIAMI FL 33145	1.4 CITY - ST - ZIP	MIAMI, FL 33178
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	DIRECTOR, V.P.
STREET ADDRESS		2.3 STREET ADDRESS	TINA ZHAN QIN LI
CITY - ST - ZIP		2.4 CITY - ST - ZIP	9717 NW 41 ST MIAMI, FL 33178
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(a), 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: DATE: **4/15/95**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Please)