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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000062432 (7)

LI'S FAMILY, INC.

FILED
Apr 21 1997 8:00am
Secretary of State

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	e of Business	Mailing Address			I EBBÜLGER HEG KENTIK OPERIK BONIT BONIT	*****	itii aithi i	
9717 NW 41 ST MIAMI FL 33178		9717 NW 41 ST MIAMI FL 33178-2307						
US		US			3. Date Incorporated or Qualified 08/24/1994		e of Last 7/1996	
2. Principal Flace of Business 21		2a. Mailing Address			4. FEI Number 65-0513377		Applied For Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.						Additional
22		27			5. Certificate of Status Desired			Required
City & Stat	le	City & State			6. Election Campaign Financing			May Be
23		28	1 2		Trust Fund Contribution			d to Fees
Ζφ [[]]	Country	Zip	├ ──	intry	8. This corporation has liability for in	tangible t Yes		s. 199.032,
24	25 9. Name and Address of Cur	[29] rent Registered Agent	[30]		Florida Statutes 10. Name and Address of New Reg			
	JUN H			B1 Name				
	7 NW 41 ST			00 00 00	(D.O. O. A) Al-1 1 Al-1			
-	MI FL 33178			82 Street Add	lress (P.O. Box Number is Not Acceptable	0)		
*****				83				
				04 63			100 7.	- Codo
				84 City		FL	85 Zq	o Code
agent La SIGNATURE	in familiar with, and accept the ob-			utes. d Agent signature requ	poration submits this statement for the pution's board of directors. I hereby acception when reinstation.	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		DIRECTO	ORS IN 12
	PD	DELETE					Change	
TITLE	' 	L DELETE	1.1 T/	≀Lt				AUQITION
NAME	LI, JUN H	Detrie	1.7 H				⊏1 ciaitĥ	noiniona 🛄 🥲
	LI, JUN H 9717 NW 41 ST		1.2 N				LT CHAILING	E LANGITION
NAME STHEFT ACOSESS CHY-ST-ZIE	LI, JUN H 9717 NW 41 ST MIAMI FL		1.2 N	AME		······································		
NAME STREET ACORESS	LI, JUN H 9717 NW 41 ST MIAMI FL DVP	☐ DELETE	1.2 N	AME Treet address Ty-St-Zip			Change	
NAME STHEFF ACORESS CITY ST-ZIP TIBLE NAME	LI, JUN H 9717 NW 41 ST MIAMI FL DVP LI, TINA ZHAN QIN		1.2 N/ 1.3 SI 1.4 CI 2 1 TI 2.2 N/	AME TREET ADDRESS TY-ST-ZIP TLE AME		· · · · · · · · · · · · · · · · · · ·		
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14. Fig hereby certify that the information supplied with this filing does not quality 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 received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted, or on an ayan ment with an address.

SIGNATURE:

IGNATURE AND TYPED OF SUINTED NAME OF SIGNING OFFICER ON DIRECTO

W 7/

Daytime Phone # 0241784