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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000092458 (6)

RICHARD LEE USA CORPORATION

Principal Place of Business Mailing Address											
906 E WATERS											
						3.	Date Incorporated or Qualified 12/19/1994		ate of Last R /19/1996	eporl	
2. Frincipal 21	Principal Place of Business 2a. Mailing Addr			SS			FEI Number 59-3290189	1.45.65		oplied For of Applicable	
Suite, Api	i #, elc.	Suite, Apt. #, etc.	27 City & State 28			5.	Certificate of Status Desired			\$8.75 Additional Fee Required	
City & Sta		28				6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees		
Ζφ 4	Country 25	Zip 29	30 Co	untry	· .	╝		☐ Yes [□ No	. 199.032,	
	9. Name and Address of Cu	irrent Registered Agent		81	Name	10.	Name and Address of New Re	gistered	Agent		
	YU, JOHNSON STOB W I DEWILD AVE #100										
	g-e-waters- 3706 w IMPA Fl. 99094 -	IDENICO AVE \$1	/P0/	82	Street Addr	ress (F	O. Box Number is Not Accepta	ple)			
	33614			83 84							
					City			FL	85 Zip (Code	
SIGNATURE	Signature, typed or printed name of registers	ed agent and trile + applicable. (NOTE Register	d Age	ent signature requi		n reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIRECTOR	IS IN 12	
TITLE	D	☐ DELETE	1.1 [ITLE					Change	Addition	
NAME	ZHEN-HUA, U		1.21	IAME	1						
STREET ADORESS	NO 3 FUKANG RD NAIKA	DISTRICT	1.3 9	TREET	ADDRESS						
CHTY-ST-ZIP	TIANJIN CHINA		1.40	31Y-9	iT-ZIP						
TITLE	D	☐ DELETE	211	21 TITLE			· · · · · · · · · · · · · · · · · · ·		Change	Addition	
VAME VU., JOHNSON STREET ADDRESS YU., JOHNSON 4505 EMPLIONERS 3706 W 1008WILD #1007			2.21	2.2 NAME							
STREET ADDRESS	4505 CHRUCH PR 37	00 m throwing to	2.3 8	TREET	ADDRESS						
CrTY - ST - ZIP	TAMPA FL 90004 336	\$14 <u> </u>		2. 4 CITY-ST-ZIP							
TOLE		☐ DELETE	3.11	ITLE					Change	Addition	
NAME	İ		321	IAME							
STREET ADDRESS	3)		335	TREET	ADDRESS						
CITY - ST - ZIP			3.4.	3.4. CITY - ST- ZIP							
TITLE	DELETE		1	4.1 TITLE					Change	Addition	
NAME			4. 2	NAME							
STREET ADDRESS	5		4.3 \$	TREET	ADDRESS						
CiTY-SI-ZiP		······································			ST-ZIP		·		- 		
THTILE		☐ DELETE	5,11						Change	Addition	
NAME			5.21	IAME	;						
STREET ADDRESS	s		5.3 9	TREET	ADDRESS						
CITY - S1 - ZIP			5.4 (OTY-S	ST-ZIP						
TIFLE	1	DELETE	617	171 E					Change	Addition	

62 NAME

14. I do 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

6.3 STREET ADDRESS

SIGNATURE

NAME STREET ADDRESS

DITY-ST-ZIP

SIGNATURE AND THEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-97

813 877-4057

FILED

May 09 1997 8:00am

Secretary of State

Daytime Phone #