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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 23 1997 8:00am Secretary of State

PAUL LEUNG 4/17/97 904-238-7002

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUI 1. Corporation HING HU		0013895 (4)): 5 .)): 1 .) ; 1. 1. 1. 1.
Principal Place of Business 1609-D N NOVA ROAD HOLLY HILL FL 32117		Mailing Address					iii ggigi iiiei		
		HOLLY HILL FL 32117-240	17						
						Date Incorporated or Qualified	3a Da	nte of Last R	kenori
						02/17/1995	ſ	24/1996	Cport
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	V1(1		oplied For
21		26				59-3299726		No	ot Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	<u>}-</u> 1			5. Certificate of Status Desired		\$8.75	
City & State	<u> </u>	City & State	City & State					Fee Re	
23	•	F	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	*****			This corporation has liability for	intangible		
24	25	[29]	30			Florida Statutes	🗌 Yes 🕽	₹ No	
	9. Name and Address of Currer	nt Registered Agent		227		10. Name and Address of New R	egistered .	\gent	
LEUNG, PAUL O.W.			ļ	81	Name				
	D N NOVA ROAD			82	Street Addr	ress (P.O. Box Number is Not Accepta	ible)		
HOL	LY HILL FL 32117			83					
							·		***
			1	64	City		FL	85 Zip (Code
office or re agent. I a	to the provisions of Sections 607 000 egistered agent, or both, in the State m familiar with, and accept the oblig-	of Florida, Such change was	authorized	yd b	the corporat	poration submits this statement for the lion's board of directors. I hereby acco	purpose of opt the app	changing it pintment as	is registered registered
SIGNATURE	Signature, typed or printed name of registered age	et and title if applicable (NO)	E Propiderec	Agir	nt signature requir	red when reinstating)	DATE		
12.	OF FICE RS AN	DIDINECTORS	13.			ADDITIONS/CHANGES TO OFF	CERS AND		
TITLE	D	[_] DELETE			}			Change	
NAME	LEUNG, PAUL								
STREET ADDRESS	1609 D NOVA ROAD				ADDRESS				
CITY-ST-ZIP TITLE	HOLLY HIL .	DELETE	3.4 CI ¹ 2.1 TII	*****	I - ZIF			Change	Addition
NAME	SHAO, LYN LIU	2	2.2 NA						
STREET ADDRESS	1609-D N. NOCA ROAD		2.3 \$1	RECLA	ADDRESS				
CITY-ST-ZIP	HOLLY HILL FL		2 4 C	TY - S	1-7IP				
TITLE		DEFETE	3178	l F				Change	CoilibbA
NAME			3.2 NAME						
STREET ADDRESS			3 3 STREET)				
CITY-ST-ZIP		T neiere	3.4 CITY-		1 · 21P			Channa	Addition
TITLE NAME		FT DEFELE	4.1 TITLE 4. 2 NAME					Change	L Addition
STREET ADDRESS			•		ADDRESS	•			
CITY-ST-ZIP			4.5 STREET		1				
TITLE		DELETE	5.1 T/I					Change	Addition
NAME			5.2 NA	5.2 NAME					
STREET ADDRESS			5 3 STREET		ADDRESS				
CITY-ST-ZIP			5.4 CI		1-7IP				
TITLE		☐ DELĒTĒ	6.1 1/1					∐ Change	Addition
NAME CTOCKY ADDRESS			6.2 NA		ADODLCC				
STREET ADDRESS					ADDRESS L. 7(D				
14. I do heret	by certify that the information supplie	d with this filing does not qual	64 Cr	exer	mption stated	d in Section 119.07(3)(i), Florida Statul	es. I further	certify that	the
informatio	a indicated on this propert report as a	allopion optol apriust roport ie l	lauc and a	COLL	rate and that	t my signature shall have the same leg rt as required by Chapter 607, Florida	ial ottact oc	it mada un	dor ooth: that