

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000006736 (8)**

1. Corporation Name  
**USASIA QUALITY INC.**

Principal Place of Business  
**8624 ALEGRE CIR.  
ORLANDO FL 32836-5450**

Mailing Address  
**8624 ALEGRE CIR.  
ORLANDO FL 32836-5450**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/18/1996</b>	3a. Date of Last Report <b>01/18/96</b>
21 Suite, Apt. #, etc.		26 <b>P.O. BOX 2306</b>		4. FEI Number <b>59-3366231</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State		27		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip		28 <b>WINDERMERE, FLORIDA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Country		29 <b>34786-2321</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>NGUYEN, LUONG V 8624 ALEGRE CIR. ORLANDO FL 32836-5450</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				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 607.1505, Florida Statutes.

SIGNATURE *Luong Nguyen* (NOTE: Registered Agent signature required when reinstating) DATE **01/14/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>Vice President</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>David Do</b>		1.2 NAME <b>LUONG V. NGUYEN</b>	
STREET ADDRESS <b>3261 Ohio Avenue</b>		1.3 STREET ADDRESS <b>8624 ALEGRE CIRCLE</b>	
CITY - ST - ZIP <b>Sanford, FL 32773</b>		1.4 CITY - ST - ZIP <b>ORLANDO, FL 32836</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME <b>NGOC-MY NGUYEN</b>	
STREET ADDRESS		2.3 STREET ADDRESS <b>8624 ALEGRE CIRCLE</b>	
CITY - ST - ZIP		2.4 CITY - ST - ZIP <b>ORLANDO, FL 32836</b>	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: *Luong Nguyen* DATE: **01/14/97** DAYTIME PHONE: **904-791-6720**

CR2E034 (9/96)