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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000029931

LEI CORPORATION				
Principal Place of Business	Mailing Address			
12651 S. DIXIE HWY. SUITE 326	P.O. BOX 565068 PINECREST FL 33256			
MIAMI FL 33156			DO NOT WRITE IN THIS SPACE	٦.
			3. Date Incorporated or Qualifed 04/01/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For	4
21	26		65-0665893 Not Applicable	4
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required	درد ک
City & State	City & State		6. Election Campaign Financing \$5.00 May Be	
23	28		Trust Fund Contribution Added to Fees	╛
Zip Country	Zip	Country	8. This corporation owes the current year Intangible	
24 25	29 30	0	Personal Property Tax.	
9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered Agent	4
		81 Name		
Lei, shu fung a 12651 S. dixie hwy.		82 Street	Address (P.O. Box Number is Not Acceptable)	1
SUITE 326		83		1
MIAMI FL 33156				4
			85 Zip Code	
		84 City	FL - -	_
11. Pursuant to the provisions of Sections 607.050	of Fiorida, Such change was aut	, the above-named	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	-
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CITY-ST-ZIP 14. I 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 offen attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

(305)278-2712

Change

Addition