

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

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000099881 (9)

1. Corporation Name

PLENTIFUL CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
9189 FONTAINEBLEAU BLVD. #8 MIAMI FL 33172		9189 FONTAINEBLEAU BLVD. #8 MIAMI FL 33172	
2. Principal Place of Business	2a. Mailing Address		
21 18529 W. DIXIE HWY	26 18529 W. DIXIE HWY		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23 MIAMI, FL	28 MIAMI, FL		
Zip	Country	Zip	Country
24 33180	25 DADE	29 33180	30 DADE

3. Date Incorporated or Qualified	
11/21/1997	
4. FEI Number	Applied For
65-0796848	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LAU, WING K 9189 FONTAINEBLEAU BLVD. #8 MIAMI FL 33172		81 Name LAU, WING K	
		82 Street Address (P.O. Box Number is Not Acceptable) 18533 W. DIXIE HWY	
		83	
		84 City AVENTURA FL 85 Zip Code 33180	

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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	LAU, WING K	1.2 NAME	
STREET ADDRESS	9189 FONTAINEBLEAU BLVD. #8	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	
NAME	SUNG, LEE L	2.2 NAME	
STREET ADDRESS	4126 SAPHIRE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33331	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	WU, PEI G	3.2 NAME	
STREET ADDRESS	2821 N.E. 163 STREET #4F	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	
NAME	TENG, YU SHAN	4.2 NAME	
STREET ADDRESS	2821 N.E. 163 STREET #4F	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 on an attachment with an address.

SIGNATURE _____ DATE 1/23/98

CR2E034 (10/97)