


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

FILED  
Mar 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # S05351 (9)</b>	
1. Corporation Name <b>C.T. LEUNG INCORPORATED</b>	



Principal Place of Business <b>404 NE 59TH STREET MIAMI FL 33137-2253</b>	Mailing Address <b>404 NE 59TH STREET MIAMI FL 33137-2253</b>
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2. Principal Place of Business 21 <b>5439 W. Atlantic Blvd.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>10/05/1990</b>	3a. Date of Last Report <b>03/19/1996</b>
22 City & State <b>Margate FL</b>		27 City & State		4. FEI Number <b>65-0220507</b>	Applied For Not Applicable
23 Zip <b>33063</b>		28 Country		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
24 <b>33063</b>		29 <b>33063</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
25 <b>33063</b>		30 <b>33063</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>LEUNG, CHAM TIN 7080 SW 8TH STREET MIAMI FL 33144</b>				10. Name and Address of New Registered Agent			
				81 Name	<b>LEUNG, CHAM TIN</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>5439 W. Atlantic Blvd</b>		
				83			
				84 City	<b>Margate</b>	85 Zip Code	<b>33063</b>

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: *Cham S. Leung* **LEUNG, CHAM TIN** DATE: **2-7-97**

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LEUNG, CHAM TIN</b>			1.2 NAME			
STREET ADDRESS	<b>388 NE 171 TERRACE</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>N MIAMI BEACH FL</b>			1.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LEUNG, YUEN PING</b>			2.2 NAME			
STREET ADDRESS	<b>388 NE 171 TERRACE</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>N MIAMI BEACH FL</b>			2.4 CITY-ST-ZIP			
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: *Cham S. Leung* **LEUNG, CHAM TIN** DATE: **2-7-97** DAYTIME PHONE: **954-975-5505**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)