

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S30096 (9)
 1. Corporation Name
THE LIANG BROTHERS, INC.



Principal Place of Business 1061 NW 20TH ST MIAMI FL 33127-4509	Mailing Address 1061 NW 20TH ST MIAMI FL 33127-4509
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2. Principal Place of Business:		2a. Mailing Address		3. Date Incorporated or Qualified 02/06/1991	3a. Date of Last Report 11/06/1995
21 5300 NW 7 AVE	26 5300 NW 7AV	4. FEI Number 65-0243991		Applied For Not Applicable	
22 MIAMI FLA	27 MIAMI FLORIDA	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 33127	28 USA	29 33127		30 USA	
24 33127		25 USA		26 33127	
27 USA		28 33127		29 USA	
30 USA		31 USA		32 USA	

9. Name and Address of Current Registered Agent
**LIANG, JOHN
 1275 N.E. 93RD STREET
 MIAMI FL 33138**

10. Name and Address of New Registered Agent

81 Name	LIANG
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	LIANG, PETER	
STREET ADDRESS	17610 NE 7TH CT	
CITY-ST-ZIP	NORTH DADE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LIANG, PAUL	
STREET ADDRESS	971 NE 182ND ST	
CITY-ST-ZIP	NORTH DADE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	LIANG, JOHN	
STREET ADDRESS	1630 NE 174TH ST	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *John Liang* **5/12/96 (305) 751-2332**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN LIANG

CR2E034 (3/96)