

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 07 1998 8:00am
Secretary of State

005796

PROFIT CORPORATION ANNUAL REPORT 1998		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

**5300 NW 7 AVE
MIAMI FL 33127-4500
US**

Mailing Address

**5300 NW 7 AVE
MIAMI FL 33127-4500
US**

**1061 NW 205
MIAMI FL 33127**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/06/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0243991	
24 Country		29 Country		Applied For	
25		30		Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution				<input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/28/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTD JOHN LIANG
NAME	LIANG, PETER	1.2 NAME	
STREET ADDRESS	17610 NE 7TH CT	1.3 STREET ADDRESS	1295 NE 93ST
CITY-ST-ZIP	NORTH DADE FL	1.4 CITY-ST-ZIP	MIAMI FL 33138
TITLE	OV	2.1 TITLE	
NAME	LIANG, PAUL	2.2 NAME	
STREET ADDRESS	871 NE 182ND ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH DADE FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	
NAME	LIANG, JOHN	3.2 NAME	
STREET ADDRESS	1830 NE 174TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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:

John Liang
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/28/98

305-324-5567

CR2E034 (5/98)