

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 AM 8:50

DOCUMENT # **S52684** (5)
1. Corporation Name
LU AND OU, INC.

Principal Place of Business Mailing Address
3500 S.W. 112TH AVE. #109 MIAMI FL 33165

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/15/1991** 3a. Date of Last Report **03/04/1994**

2. Principal Place of Business 2a. Mailing Address
21 **14314 SW. 54st.** 26 **14314 SW. 54st.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State **Miami Florida** 27 City & State **Miami Florida**
23 Zip **33175** Country 29 Zip **33175** Country

4. FEI Number **65-0260754** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
LU, JIN TANG
3500 S.W. 112TH AVE. #109 MIAMI FL 33165

10. Name and Address of New Registered Agent
81 Name **Lu, Jin Tang**
82 Street Address (P.O. Box Number is Not Acceptable) **14314 SW. 54street.**
83
84 City **Miami** FL 85 Zip Code **33175**

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 JIN TANG Lu President/Director 1/30/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	LU, JIN TANG
STREET ADDRESS	3500 S.W. 112TH AVE #109
CITY- ST- ZIP	MIAMI FL
TITLE	D
NAME	OU, SHAO KUI
STREET ADDRESS	3500 S.W. 112TH AVE #109
CITY- ST- ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D Lu, JIN TANG
1.3 STREET ADDRESS	14314 SW. 54st.
1.4 CITY- ST- ZIP	Miami FL 33175
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D ou, shao kui
2.3 STREET ADDRESS	14314 SW. 54st.
2.4 CITY- ST- ZIP	Miami FL 33175
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jin Tang Lu 1/30/95 (305) 723-9318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE #