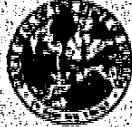


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **L28378** (2)

95 APR 11 PM 9:42

1. Corporation Name  
**SAIPLAS CORPORATON**

Principal Place of Business

Mailing Address

C/O JAMES T. TSAI  
~~8123 MIDDLE FORK WAY~~  
JACKSONVILLE FL 32256

C/O JAMES T. TSAI  
~~8123 MIDDLE FORK WAY~~  
JACKSONVILLE FL 32256

*8544 Hunters Creek N. Creek N.*

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/08/1989** 3a. Date of Last Report **04/13/1994**

4. FEI Number **94-2920608** 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. 100.002, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 **8544 Hunters Creek N.**

26 **8544 Hunters Creek N.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Jax FL**

28 **Jax FL**

24 Zip **32256** 25 Country

29 Zip **32256** 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TSAI, JAMES T.  
8123 MIDDLE FORK WAY  
JACKSONVILLE FL 32258**

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, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**  
NAME **TSAI, JAMES T.**  
STREET ADDRESS ~~**8123 MIDDLE FORK WAY**~~  
CITY - ST - ZIP ~~**JACKSONVILLE FL**~~

TITLE **VD**  
NAME **TSAI, PAUL W.**  
STREET ADDRESS **9332 POWER DRIVE**  
CITY - ST - ZIP **HUNTINGTON BEACH CA**

TITLE **D**  
NAME **CHANG, AILEE**  
STREET ADDRESS **3661 CATHEDRAL OAKS PL. N.**  
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **D**  
NAME **TSAI, KEVIN**  
STREET ADDRESS **8123 MIDDLE FORK WAY**  
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **D**  
NAME ~~**WANG, YONG**~~ *Delete.*  
STREET ADDRESS ~~**205 E. 8TH STREET**~~  
CITY - ST - ZIP ~~**WINONA MN**~~

TITLE **D**  
NAME ~~**XIANG, SHIUNG**~~ *Delete*  
STREET ADDRESS ~~**1001 ROCKVILLE PARK, APT. 325**~~  
CITY - ST - ZIP ~~**ROCKVILLE MD**~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS **8544 Hunters Creek N.**  
1.4 CITY - ST - ZIP **JACKSONVILLE FL 32256**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  Change  Addition  
3.2 NAME **KIANG, AILEE**  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME **D Xu, XIANG**  
5.3 STREET ADDRESS **3030 Ravenna Road**  
5.4 CITY - ST - ZIP **Hudson, OH 44236**

6.1 TITLE  Change  Addition  
6.2 NAME **D Lo, Yin C.**  
6.3 STREET ADDRESS **730 Summit Circle S.E.**  
6.4 CITY - ST - ZIP **N. Canton, OH**

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)(b), 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:

*James T. Tsai*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JAMES T. TSAI**

Date

**4/5/95**

Daytime Phone #