

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L28378 (2)**

1. Corporation Name
SAIPLAS CORPORATON



Principal Place of Business: **C/O JAMES T. TSAI, 8544 HUNTERS CREEK N., JACKSONVILLE FL 32256 US**
Mailing Address: **C/O JAMES T. TSAI, 8544 HUNTERS CREEK N., JACKSONVILLE FL 32256 US**

3. Date Incorporated or Qualified: **11/08/1989**
3a. Date of Last Report: **04/11/1995**
4. FEI Number: **94-2928688**
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

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent: **TSAI, JAMES T., 8123 MIDDLE FORK WAY, JACKSONVILLE FL 32256**
10. Name and Address of New Registered Agent (81-85): **8544 Hunters Creek Dr. N., FL**

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: *James T. Tsai* (JAMES T. TSAI) DATE: **5-31-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSAI, JAMES T.	1. 2 NAME	
STREET ADDRESS	8544 HUNTERS CREEK N.	1. 3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	1. 4 CITY - ST - ZIP	
TITLE	VD	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSAI, PAUL W.	2. 2 NAME	
STREET ADDRESS	9332 POWER DRIVE	2. 3 STREET ADDRESS	
CITY - ST - ZIP	HUNTINGTON BEACH CA	2. 4 CITY - ST - ZIP	
TITLE	D	3. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIANG, AILEE	3. 2 NAME	KAO, ALEE
STREET ADDRESS	3661 CATHEDRAL OAKS PL. N.	3. 3 STREET ADDRESS	3661 CATHEDRAL OAKS PL. N.
CITY - ST - ZIP	JACKSONVILLE FL	3. 4 CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	D	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSAI, KEVIN	4. 2 NAME	
STREET ADDRESS	8123 MIDDLE FORK WAY	4. 3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	4. 4 CITY - ST - ZIP	
TITLE	D	5. 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	XU, KIANG	5. 2 NAME	D STEVE CHIANG
STREET ADDRESS	3030 RAVENNA ROAD	5. 3 STREET ADDRESS	ATLANTA, GEORGE
CITY - ST - ZIP	HUDSON OH	5. 4 CITY - ST - ZIP	
TITLE	D	6. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LO, YIN C	6. 2 NAME	LOH, YIN C.
STREET ADDRESS	730 SUMMIT CIRCLE S.E.	6. 3 STREET ADDRESS	
CITY - ST - ZIP	N. CANTON OH	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 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 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* DATE: **5-31-96** DISTRICT PHONE #: **904-363-6448**

CR2E034 (12/95)