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

CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

F9400005091 (3)

DOCUMENT # F9400005091 (3) 1. Corporation Name HANLIN, INC.				CHENCEN COM THE COME NAME OF THE COME	ANN BRIN BRIN BRIN BRIN BRIN 1841 1841
Principal Place o	of Business	Mailing Address			Dais manii adini a fiar a ana aana 1818 1849 1891
1301 RIVER REACH DRIVE. STE 508 1301 RIVER REACH DR FT LAUDERDALE FL 33315-1159 FT LAUDERDALE FL 33					
				3. Date Incorporated or Qualified 09/30/1994	3a. Date of Last Report 04/27/1995
Principal Plac	ce of Business	2a. Mailing Address		4, FEI Number 36-3342494	Applied For Not Applicable
Suite, Apt. #	ato	Suite, Apt. #, etc.			\$8.75 Additional
Suite, Apt. #	, etc.	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
710	Country		Country	This corporation has liability for in	AUGRO TO FRES
Zip	25)	29	30	Florida Statutes Yes	
	9. Name and Address of Curre			10. Name and Address of New Re	gistered Agent
			81 Name		
BAJER, HANS J			82 Street Addr	ress (P.O. Box Number is Not Acceptable	e)
	ER REACH DRIVE, STE 508		-		
FORT LA	UDERDALE FL 33315-1159		83		
			84 City		FL 85 Zip Code
familiar with IGNATURE	n, and accept the obligations of, Se Signature, typed or printed name of registered ago	ction 607.0505, Florida Statute	iS. IOTE: Registered Agent signature require		DATE
2.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change
LE	PCD HANG I	☐ DELETE	1. 1 TITLE	*	Change Notition
AME	BAIER, HANS J 1301 RIVER REACH DRIVE,	STE 508	1,2 NAME 1,3 Street Address		
IHEET AODRESS TY-ST-ZIP	FT LAUDEDALE FL	012 000	1.4 City-SI-ZiP		
TLE	SD	☐ DELETE	2 1 TITLE		Change Addition
AME	BAIER, LINDA		2.2 NAME		
TREET ADORESS	1301 RIVER REACH DRIVE,	STE 508	2.3 STREET ADDRESS		
TY - ST - ZIP	FT LAUDEDALE FL	PRO DELETE	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TLE		☐ DELETE	3 1 TITLE 3.2 NAME		☐ Change ☐ Addition
AME			3.2 NAME 3.3. STREET ADDRESS		
IREFT ADDRESS			3.4 CITY-ST-ZIP		
TLE		DELETE	4. 1 TITLE		Change Addition
AME.			4 2 NAME		
TREET ADORESS			4.3 STREET ADDRESS		
1y - ST - Z(P			4.4 CITY - ST - ZIP		
TLE		□ DEFEIE	5. 1 TITLE		☐ Change ☐ Addition
AME			5.2 NAME		
IREET ADDRESS			5.3 STREET ADDRESS		
ITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP 6. 1 TITLE		☐ Change ☐ Addition
TITLE NAME		- October	6.2 NAME		
ame Treet address			63 STREET ADDRESS		
OUT OF THE			6.4 CITY-ST-2IP		
14. I do hereb certify that oath: that			nnual report is true and according the empowered to execute the	for the exemption stated in Section 119, ate and that my signature shall have the his report as required by Chapter 607, Fig.	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR