


FILE NOW: FILING FEE AFTER MAY 1ST \$ \$550.00

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90157 050 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # L40150**

1. Corporation Name  
**H. & J. INTERNATIONAL, INC.**



Principal Place of Business <b>5399 W. HWY 192 KISSIMMEE FL 34746</b>	Mailing Address <b>5399 W. HWY 192 KISSIMMEE FL 34746</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>01/03/1990</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>NOT APPLICABLE</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip Country <b>24</b> <b>25</b>		Zip Country <b>29</b> <b>30</b>		6. Effect on Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>YOUNG, JOHNSON 5399 W. HWY 192 KISSIMMEE FL 34746</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHENG, TSUNG-HSI</b>	1.2 NAME	
STREET ADDRESS	<b>5399 W. HWY 192</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL 34746</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHENG, YUEA-HSIANG</b>	2.2 NAME	
STREET ADDRESS	<b>5399 W. HWY 192</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL 34746</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHUANG, KUO-CHIH</b>	3.2 NAME	
STREET ADDRESS	<b>5399 W. HWY 192</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL 34746</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHENG, SHUN-HSING</b>	4.2 NAME	
STREET ADDRESS	<b>5399 W. HWY 192</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL 34746</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHENG, SHUN-JEN</b>	5.2 NAME	
STREET ADDRESS	<b>5399 W. HWY 192</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL 34746</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHUANG, HOLI-HSIANG</b>	6.2 NAME	
STREET ADDRESS	<b>5399 W. HWY 192</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL 34746</b>	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, with all other like empowered.

SIGNATURE: *Cheng, Tsung-Hsi* (Cheng, Tsung-Hsi) 4/24/99 - 0015

CR2E034 (11/98)

0606336