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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90250 027 \*\*\*150.00

DOCUMENT #	P95000027802

1. Corporation Name

J.R. BAY, INC.

Principal Place	of Business	Mailing Address			1 (94((44) (10 10)8) Billi 00111 00111 00111		***********
1717 N. BAYSH	ORE DR.	1717 N. BAYSHORE DR.					•
SUITE #131 SUITE #131					DO MOTANDITE IN TURO CRACE		
MIAMI FL 33132		MIAMI FL 33132			DO NOT WRITE IN TH	IIS SPACE	
US		US			3. Date Incorporated or Qualifed		j
					04/08/1995		
<u> </u>	ace of Business	2a. Mailing Address			4. FEI Number		plied For
21		26			65-0570887		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>\$8.75</b> A Fee Re	
22		27					
City & State	•	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	· Added to	o Fees
Zip	Country	Zip	Country	•	8. This corporation owes the current year		
24	25	29 30			Personal Property Tax.	Yes	□No
	9. Name and Address of Cui	rent Registered Agent	_	T	10. Name and Address of New Register	ed Agent	
			81	Name			
	er, norman s		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
100	s.e. Second Street		1				
SUIT	É 3910		83				]
MIAN	II FL 33131					05 7:- (	
			84	City	F	EL  85   Zip (	Code
44 Dureupet	to the provisions of Sections 607	0502 and 607 1508 Florida Statutes 1	he abov	e-named c	ornoration submits this statement for the nurnose	of changing its	registered
-46		ata of Elorida. Such chango was sutho	カラロハ りい	the comor	ration's board of directors. I hereby accept the ap	pointment as reg	gistered
agent. I ar	n familiar with, and accept the ob	ligations of, Section 607.0505, Florida	Statutes	ş.			Ļ
SIGNATURE					uired when reinstating) DATE		<del></del> [
	Signature, typed or printed name of registered	AND DIRECTORS	13.	nt signature req	puired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		RS IN 12
12.		DELETE	1.1 TITLE	— r	ADDITIONO/CHANGEO TO CITTOENS	Change	Addition
TITLE	DP	C OLLEGE					_
NAME j	ZHANG, HONG		1.2 NAME				j
STREET ADORESS	1717 N BAYSHORE DR., #	131		T ADDRESS (			
CITY-ST-ZIP	MIAMI FL		1.4 CITY- S	T-ZIP		Cleans	Addition
TITLE	DS	☐ DELETE	2.1 TITLE			Change	☐ Addition (
NAME	MINHUA, JIUANG		2.2 NAME		·		ļ
STREET ADDRESS	1717 N. BAYSHORE DR. #	131	2.3 STREE	TADORESS			
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-	ST-ZIP		-	
TITLE		☐ OELETE	3.1 TITLE			Change	☐ Addition
NAME ,			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP		ı	3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME		_	4. 2 NAME				
		1		T ADDRESS			
STREET ADDRESS						•	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-5 5.1 TITLE	)1-ZIP		Change	☐ Addition
TITLE		- Vereie	5.2 NAME				
NAME				T ADDDECC	-		
STREET ADDRESS		i		TADDRESS			
CITY-ST-ZIP			5.4 CITY- S	it-ZIP		<u></u>	
TITLE		☐ DELETE	6.1 TITLE	1		Change	☐ Addition
NAME		l	6.2 NAME			•	
STORET ADDRESS			6.3 STREE	T ADDRESS			

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 suppliemental 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 pame appears in Block 12 or Block 13 if changed, or or an attackment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

OR DIRECTOR