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

DOCUMENT # P95000061608 1. Corporation Name

GUANGLI, INC.

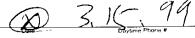
FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90088 025 ***150.00

GOANGE	.11 11101						 			
Principal Place of Business Mailing Address										
10851 SW 40TH ST 10301 S.W. 55TH ST.										
MIAMI FL 33165 MIAMI FL 33165 - US							DO NOT WRITE IN THE	S SPACE		
05							Date Incorporated or Qualifed			
							08/09/1995			
2. Principal Pl	ace of Business	2a. M	ailing Address				4. FEI Number	-TT	Applied Fcr	
21		26					65-0605288		Not Applicable	
			Suite, Apt. #, etc				_	\$8.7	5 Additional	
22 27						5. Certifcate of Status Desired	Fee	Required		
City & State City & State						6. Election Campaign Financing	\$5.0	0 May Be		
28						Trust Fund Contribution Added to Fees				
Zip	Country Zip Co			Country						
24	25 29 30			0	Tersonal Floperty Fax			□No		
	9. Name and Address of Cu	rrent Register	ed Agent				10. Name and Address of New Registere	d Agent		
TALA	MINOR V			81	Nar	ne			i i	
	, KWOK Y			82	Stre	eet Addre	ess (P.O. Box Number is Not Acceptable)			
10301 S.W. 55TH ST.										
MAIM	/II FL 33165			83						
				84	City	,		. 85 Z	p Code	
				1	_ ′		F	LII		
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 register 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 registere agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.									registered registered	
SIGNATURE	,									
SIGNATORE .	Signature typed or printed name of registere				nt signat	ure required	when reinstating) DATE		7000 NI 40	
12.		S AND DIRECT		13.			ADDITIONS/CHANGES TO OFFICERS	AND DIREC		
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NAME	,, , , , , , , , , , , , , , , , , ,			Ħ	1 2 NAME					
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NAME				2.2 NAME						
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NAME				4 2 NAME		İ				
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NAME				53 STREE	T ADOP	FSS				
STREET ADDRESS				5.4 CITY-S					-	
CITY-ST-ZIP			☐ DELETE	6 : 111LE) 1 · 4.IP			Chan	ge [] Addition	
TITLE			□ pereie	62 NAME					g- (
NAME				63 STREE	TADOR	500				
STREET ADDRESS				11						
CITY-ST-ZIP				64 CITY-S	1-4IP		110 07/2)/// Florido Statutos I further o	antific that th	vo information	

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: D. LINK YEE? TILL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



7KZEU34 (11/98)