

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

FILED
Jun 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N/A P96000039965
1. Corporation Name
Sun-Sun International, Inc.

Principal Place of Business Mailing Address
6941 N.W. 77 Terrace, Medley
Miami, Florida 33166

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
5/09/96

2. Principal Place of Business 21 6941 NW 77 Terrace Suite, Apt. #, etc. 22 Medley City & State 23 Miami, Florida Zip 24 33166	2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip 29 Dade	Country 25 Dade
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4. FEI Number 65-0677900	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
Cai, Kai Jian
6941 N.W. 77 Terrace, Medley
Miami, Florida 33166

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 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 *[Signature]* DATE 5/31/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME Cai, Kai Jian	DELETED <input type="checkbox"/>
STREET ADDRESS 6941 NW 77 Terrace, Medley	
CITY - ST - ZIP Miami, FL 33166	
TITLE NAME Jun, Luo	DELETED <input type="checkbox"/>
STREET ADDRESS 6941 NW 77 Terrace, Medley	
CITY - ST - ZIP Miami, FL 33166	
TITLE NAME None	DELETED <input type="checkbox"/>
STREET ADDRESS Shen, Mu Xing	
CITY - ST - ZIP 6941 NW 77 TERR, Medley, Miami, FL 33166	
TITLE NAME	DELETED <input type="checkbox"/>
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	DELETED <input type="checkbox"/>
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	DELETED <input type="checkbox"/>
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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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.
SIGNATURE: *[Signature]* Jun, Luo Date 4/27/98 Daytime Phone # 305-882-8189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)