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Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000083281 (1)

1. Corporation Name  
AAA IMPORTS, INC.



Principal Place of Business

1032 WINDSONG CIRCLE  
APOPKA FL 32703

Mailing Address

1032 WINDSONG CIRCLE  
APOPKA FL 32703-8248

2. Principal Place of Business

21 1135 Ocoee - Apopka Rd.  
Suite, Apt. #, etc.

22 City & State

23 Apopka  
Zip

Country

24 FL 32703

25 Orange

2a. Mailing Address

26 1135 Ocoee - Apopka Rd.  
Suite, Apt. #, etc.

27 City & State

28 Apopka  
Zip

Country

29 FL 32703

30 Orange

8. Name and Address of Current Registered Agent

ZHU, XIAOTAN  
1032 WINDSONG CIRCLE  
APOPKA FL 32703

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, as applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ZHU, XIAOTAN	
STREET ADDRESS	1032 WINDSONG CIRCLE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WANG, DUANXIAO	
STREET ADDRESS	1032 WINDSONG CIRCLE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>LO, CHIA-TON</del>	
STREET ADDRESS	<del>281 LIVERPOOL COVE</del>	
CITY-ST-ZIP	<del>LONGWOOD FL 32779</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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: X Xiaotan Zhu 4-15-97 107 4811 0079

CR2E034 (9/96)