PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000083281**

AAA IMPORTS, INC.

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90103 020 ***150.00

7001 1174	Olivo, iivo						
Principal Place of Business Mailing Address							I lingtingt me rette attit antit ant
1135 OCOEE POAPOKA RD 1135 OCOEE APOPKA RD APOPKA FL 32703 APOPKA FL 32703							
US US							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed 10/04/1996
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number Applied For
21 26							59-3404136 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5 Codificate of Status Desired \$8.75 Additional
22			27				5. Certificate in Status Desired Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23 2			Zip Country				Trust Fund Contribution Added to Fees
Zip				untry		8. This corporation owes the current year Intangible Personal Property Tax.	
24	25	29	bound Amont	30			Personal Property Tax. Yes No 10. Name and Address of New Registered Agent
	9. Name and Address of Curre	nt Regisi	tered Agent		81	Name	10. Hallie allu Address of New Augistered Agent
<i>7</i> HH	, XIAOTAN						
1032 WINDSONG CIRCLE				82 Street Addr			Address (P.O. Box Number is Not Acceptable)
APOPKA FL 32703					83		
,,, ,,							
					84	City	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607 050	12 and 60	07 1508 Florida Statut	es, the a	above	named o	corporation submits this statement for the purpose of changing its registered
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, typed or printed name of registered age	ent and title if	applicable (NOTE	Registere	d Agen	t signature re	equired when reinstating) DATE
12.	OFFICERS AI			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		☐ DELETE	1.1 T	ITLE		Change Addition
NAME	ZHU, XIAOTAN			1.2 N	1.2 NAME		ZHU, XIAOTAN,
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		1.3 S	TREET	ADDRESS	1361 Hölly Glen Run	
CITY-ST-ZIP	APOPKA FL 32703			1.4 C	1.4 CITY-ST		APO PKA, F132703
TITLE	D		☐ DELETE	2.1 T	2.1 TITLE		D Change ☐ Addition
NAME	WANG, DUANXIAO			2.2 N	2.2 NAME		Wang, DuanxiAo
STREET ADDRESS	1032 WINDSONG CIRCLE			2.3 STREET		ADDRESS	APT 1927 448 Lake Beruge IN
CITY-ST-ZIP			2.40	2. 4 CITY-ST-ZIP		Apopka FL 32703-3433	
TITLE			□ DELETE	3.1 T	TTLE		Change Addition
NAME				3.2 N	IAME	ļ	
STREET ADDRESS				3.3 S	TREE1	ADDRESS	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		——————————————————————————————————————	_	CITY-S	T- ZIP	Character CT Addition
TITLE			☐ DELETE		TTLE		☐ Change ☐ Addition
NAME					NAME		
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP			[] net eve	_	ITY-S	T-ZIP	☐ Change ☐ Addition
TITLE			☐ DELETE		itle Vame		Charge Addition
NAME				1		LADOBECC	
STREET ADDRESS				1	CITY-S	TADORESS	
CITY-ST-ZIP			☐ DELETE		ITLE	1 - ZIF	☐ Change ☐ Addition
TITLE			LJ DELLIC		IAME		
NAME						ADDRESS	
STREET ADDRESS	*					i	
CITY-ST-ZIP				0.4 (CITY-S	1-415 (· · · · · · · · · · · · · · · · · · ·

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:

GIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-99

Daytime Phone #

(VELU34 (11/30)