

FILED  
Aug 31, 1999 8:00 am  
Secretary of State

08-31-1999 90005 012 \*\*\*550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000018437

1. Corporation Name  
PANDA AVIATION OVERSEAS CORP.

010039 - 90014 - 40



Principal Place of Business  
1308 MANGO ISLE  
FT. LAUDERDALE FL 33315

Mailing Address  
1308 MANGO ISLE  
FT. LAUDERDALE FL 33315

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1998

4. FEI Number

65082-1896

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property.

Yes No

2. Principal Place of Business  
21 13401 Luray Rd

2a. Mailing Address  
26 13401 Luray Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State  
Fort Lauderdale, FL

28 City & State  
Fort Lauderdale, FL

24 Zip  
33330

25 Country  
USA

29 Zip  
33330

30 Country  
USA

9. Name and Address of Current Registered Agent

MASH, EVERETTE C III  
1308 MANGO ISLE  
FT. LAUDERDALE FL 33315

10. Name and Address of New Registered Agent

81 Name Mash, Everette C III

82 Street Address (P.O. Box Number is Not Acceptable)

13401 LURAY RD

83

84 City Fort Lauderdale FL

85 33330

11. Pursuant to the provisions of sections 607.0505 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

*Mash, Everette C III* Everette C. Mash III 8/16/99

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME President  
Wang Chong AI  
STREET ADDRESS  
13401 Luray Rd  
CITY-ST-ZIP Fort Lauderdale, FL 33330

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 149.07(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 to this address.

SIGNATURE:

*Wang Chong AI* 8/16/99 954-328  
2034

(Signature typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (5/99)