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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H17674

SHANGH	NAME HAI CORPORATION	•				
Principal Place	e of Business	Mailing Address			grgs: 1216(1 616)	1811 81811 (49)
657 N. PRIMROSE DR. ORLANDO FL 32803		657 N. PRIMROSE DR. ORLANDO FL 32803		DO NOT WRITE IN TH	IIS SPACE	
	· _	- <u>-</u>	~- <u>-</u>	3:-Date Incorporated or Qualifed	. ————	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 59-2443443	 	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee	Additional Required
City & Stat		City & State	<u>-</u>	Election Campaign Financing Trust Fund Contribution	Adde	May Be d to Fees
Zip 24	Country 25	Zip 29 30	Country	This corporation owes the current year Personal Property Tax.	Yes	□No
	9. Name and Address of Curr	rent Registered Agent	81 Name	10. Name and Address of New Register	ea Agent	
CHENG, Y (KENT) XIE 657 N. PRIMROSE DR. ORLANDO FL 32803			ress (P.O. Box Number is Not Acceptable)	· - ·		
			84 City	F	· L	ip Code
office or r agent.1'a	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the obli	502 and 607.1508, Florida Statutes, te of Florida. Such change was auth gations of, Section 607.0505, Florida	the above-named corporate Statutes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing pointment as	its registered registered
11. Pursuant office or r agent. I'a	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a	te of Florida. Such change was auth gations of, Section 607.0505, Florida agent and title if applicable. (NOTE: Re	orized by the corporation Statutes.	ed when reinstating) DATE	ponunient as	Tegrstered
office or r agent.1'a SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS.	te of Florida. Such change was auth gations of, Section 607.0505, Florida agent and title if applicable. (NOTE: Re	orized by the corporation Statutes. gistered Agent signature require	ion's board of directors. Thereby accept the ap	AND DIREC	TORS IN 12
office or ragent. I'a SIGNATURE 12. TITLE NAME	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS OPP HSIEH, GEORGE	te of Florida. Such change was auth gations of, Section 607.0505, Florida agent and title if applicable. (NOTE: Re	onzed by the corporation of the	ed when reinstating) DATE	ponunient as	TORS IN 12
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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, with all other like expowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

Addition

Change