

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000073593

1. Corporation Name

CHINA EXPRESS-OMNI INC.

Principal Place of Business

1601 RISCAYNE BLVD. STE 227
MTAMT, FL 33132

Mailing Address

11471 W SAMPLE RD, #41
CORAL SPRINGS, FL 33065

2. Principal Place of Business

21	Suite, Apt #, etc	26	Suite, Apt #, etc
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

PEI SHAN CHOU
1601 RISCAYNE BLVD. STE 227
MTAMT, FL 33132

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 *Pei-shan Chou*
Signature, typed or printed name of registered agent and, if applicable, officer or director

(NOTE: Registered Agent signature required when not filing)

Date

12. OFFICERS AND DIRECTORS

TITLE	P	[] DELETE
NAME	PEI SHAN CHOU	
STREET ADDRESS	1601 RISCAYNE BLVD. STE 227	
CITY-ST-ZIP	MTAMT, FL 33132	
TITLE	D	[] DELETE
NAME	STEVEN LTN	
STREET ADDRESS	1601 RISCAYNE BLVD. STE 227	
CITY-ST-ZIP	MTAMT, FL 33132	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		[] Change	[] Delete
12 NAME	200002812472--3		
13 STREET ADDRESS	03/19/98-01102-007		
14 CITY-ST-ZIP	****150.00		
21 TITLE		[] Change	[] Delete
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		[] Change	[] Delete
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		[] Change	[] Delete
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		[] Change	[] Delete
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		[] Change	[] Delete
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Pei-shan Chou* Pei Shan Chou President
Signature and typed or printed name of signing officer or director

(305) 577-4425

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