

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000006324 (7)**

1. Corporation Name
XIAMEN MENTECH IMP. AND EXP. TRADING CO.



Principal Place of Business: **325-1 PENNELL CIRCLE TALLAHASSEE FL 32310**
Mailing Address: **325-1 PENNELL CIRCLE TALLAHASSEE FL 32310**

2. Principal Place of Business: **21 9501 SW. 72 St.**
Suite, Apt. #, etc.
City & State: **23 MIAMI FL**
Zip: **24 33173** Country: **25 USA**

2a. Mailing Address: **26 1261 SW. 104 PASSAGE #106**
Suite, Apt. #, etc.
City & State: **27 MIAMI FL**
Zip: **29 33174** Country: **30 USA**

3. Date Incorporated or Qualified: **12/12/1994**
3a. Date of Last Report: **08/10/1995**

4. FEI Number: **59-3285624**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**SU, LEI
BOX 252 DEPT. OF CHEM. FSU
TALLAHASSEE FL 32306**

10. Name and Address of New Registered Agent

81 Name: **LI, DONG MEI**
82 Street Address (P.O. Box Number is Not Acceptable): **9501 SW. 72 St.**
83
84 City: **MIAMI FL** 85 Zip Code: **33173**

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: **Dong Mei Li (LI, DONG MEI)**
Signature, typed or printed name of registered agent and title if applicable

04/20/96
Date

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	ZHE, LI	
STREET ADDRESS	ROOM 1807 HUICHENG BUSINESS CTR	
CITY-ST-ZIP	NO.6 HUBINZHONG CHINA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SU, QI	
STREET ADDRESS	9545 SW 24 STREET APT 302	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SU, LEI	
STREET ADDRESS	325-1 PENNELL CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LI, DONG M	
STREET ADDRESS	9545 SW 24 ST APT 302	
CITY-ST-ZIP	MIAMI FL	
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

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SU, QI	
2.3 STREET ADDRESS	1261 SW. 104 PASSAGE APT 106	
2.4 CITY-ST-ZIP	MIAMI FL 33174	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LI, DONG MEI	
4.3 STREET ADDRESS	1261 SW. 104 PASSAGE APT 106	
4.4 CITY-ST-ZIP	MIAMI FL 33174	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **(ZHE, LI)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-96 Date
305-222-9983 Daytime Phone #

CR2E034 (12/95)