

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 JUN 24 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F 9400000 63 24

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

Principal Place of Business
**9501 SW. 72 ST
MIAMI, FL 33173**

Mailing Address
**1261 SW. 104 PASSAGE #106
MIAMI, FL 33174**

2. Principal Place of Business
21 **4054 AIRPORT HWY**
Suite, Apt. #, etc.
22 **TOLEDO, OH**
City & State
23 **43615 USA**
Zip Country
24
25

2a. Mailing Address
26 **2950 KENDALE Dr. #201**
Suite, Apt. #, etc.
27 **TOLEDO, OH**
City & State
28 **43606 USA**
Zip Country
29
30

3. Date Incorporated or Qualified **12/12/1994**
3a. Date of Last Report
4. FEI Number **59 328 5625**
Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contributor: **\$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 **SU, LEI**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **325-1 PENNELL CIRCLE**
84 City **TALLAHASSEE FL** 85 Zip Code **32310**

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 type for printed name of registered agent (and fee, if applicable) (607) Registered Agent's signature (required when re-appointing) 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	1261 SW. 104 PASSAGE, APT 106	
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 MEI	
STREET ADDRESS	1261 SW. 104 PASSAGE, APT 106	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	400002225264-3
13 STREET ADDRESS	-06/27/97-01105-005
14 CITY- ST- ZIP	****165.00 ****165.00
21 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SU, QI
23 STREET ADDRESS	2950 KENDALE Dr. #201
24 CITY- ST- ZIP	TOLEDO, OH 43606
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	LI, DONG MEI
43 STREET ADDRESS	2950 KENDALE Dr. #201
44 CITY- ST- ZIP	TOLEDO, OH 43606
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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. If 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

May 1, 97

(419)475-5339

CR2E034 (9/96)