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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham

Secretary of State

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Corporation	MENT # H4931 S CHINA, INC.	17 (1)			
nopal Place	of Business	Mailing Address		4 MANIONA BINA BISENS ANIMA NINDA NINDA	i aral dibis bidio dobil albis dibis dibis ida
C/O Anne A. Meyer 1901 Se St. Lucie Blvd., #52 Stuart Fl. 34997		C/O ANNE A. MEYER 3301 SE ST. LUCIE BLVD.: #52 STUART FL 34597			
				3. Date Incorporated or Qualified 03/27/1985	3a. Date of Last Report 02/14/1995
Phinoipal Pla	ace of Business	2a. Mailing Address		4. FEI Number 49-2521140	Applied For Not Applicat
Suite, Apt. #	ii, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	□ \$5.00 May Be
Ziţù	Country	Ζφ	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
	25	29	30		□No
	9. Name and Address of Currer	n Hegistered Agent	81 Name	10. Name and Address of New F	Registered Agent
MEVER	ANNE A		61 Name		
MEYER, ANNE A. 3901 SE ST. LUCIE BLVD.			82 Street Ad	ldress (P.Ö. Box Number is Not Acceptat	ole)
#52 STUART FL 33494					
			84 City		FL 85 Zip Code
familiar wit	o the provisions of Sections 607,0502 ed agent, or both, in the State of Flori h, and accept the obligations of, Sect			poration submits this statement for the pul poard of directors. Thereby accept the app	rpose of changing its registered of ointment as registered agent. I am
familiar wit	th, and accept the obligations of Sect Speaker, trained or an indication of registered agent Of FICERS AN	and titler as the DDIRECTORS	Proof by the corporation's books. (NOTE: Registered Agent signature requirements)	pard of directors. I hereby accept the app	ointment as registered agent. I am
familiar wit	the agent, or both, in the state of right, and accept the obligations of, Sect September, transfer or registered agent Of FICERS AN	ual, Such change was aumo ion 607.0505, Florida Statut and life happlicable	NOTE. Projetered Agent signature required. 13. 1 Title	Dard of directors. Thereby accept the app	ointment as registered agent. I an DATE ICERS AND DIRECTORS IN 12
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR