

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

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Apr 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # J92700 (0)  
1. Corporation Name  
HSING HAN INVESTMENT INTERNATIONAL, INC.



Principal Place of Business Mailing Address  
8322 NW 68 ST #C-414 MIAMI FL 33166 US  
8322 NW 68ST #C-414 MIAMI FL 33166-2655 US

3. Date Incorporated or Qualified 09/14/1987  
3a. Date of Last Report 05/01/1996  
4. FEI Number 65-0005017 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

2. Principal Place of Business 2a. Mailing Address  
21 285B NW 72 Ave Suite, Apt. #, etc. 22  
23 MIAMI, FL City & State 24 33122 25 USA Country  
26 285B NW 72 Ave Suite, Apt. #, etc. 27  
28 MIAMI, FL City & State 29 33122 30 USA Country

9. Name and Address of Current Registered Agent  
DEN-KUNG, LIU  
8322 NW 68ST  
SUITE #401  
MIAMI FL 33166

10. Name and Address of New Registered Agent  
81 Name DEN KUNG LIU  
82 Street Address (P.O. Box Number is Not Acceptable) 285B NW 72nd Ave  
83  
84 City MIAMI FL 85 Zip Code 33122

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CHEN, CATHY	
STREET ADDRESS	16275 SW 83ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LIU, DEN-KUNG	
STREET ADDRESS	9350 FOUNTAINBLEAU BLVD	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHAO, YEN-PING	
STREET ADDRESS	9350 FOUNTAINBLEAU BLVD, C-414	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LIU, DEN-CHIA	
STREET ADDRESS	9350 FOUNTAINBLEAU BLVD	
CITY-ST-ZIP	MIAMI FL	
TITLE	GM	<input checked="" type="checkbox"/> DELETE
NAME	LIU, DEN YI	
STREET ADDRESS	9350 FOUNTAINBLEAU BLVD	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DEN KUNG LIU	
1.3 STREET ADDRESS	9350 FOUNTAINBLEAU BLVD C414	
1.4 CITY-ST-ZIP	MIAMI, FL 33172	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DEN YI LIU	
4.3 STREET ADDRESS	9350 FOUNTAINBLEAU BLVD. C414	
4.4 CITY-ST-ZIP	MIAMI, FL 33172	
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 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 supplementary 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 register or is so 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]* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)