

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

FILED

Apr 09 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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



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

3. Date Incorporated or Qualified <b>09/14/1987</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0005017</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 <b>DEN KUNG LIU</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>285B NW 72nd Ave</b>
83
84 City <b>MIAMI</b>
85 Zip Code <b>FL 33122</b>

11. Pursuant to the provisions of Sections 607.0109 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 of the person who is the registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstalling)

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 registered agent 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)