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

PROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L11321

1. Corporation Name

DRAGON PHARMACEUTICAL, INC.

Principal Place of Business	Mailing Address
1200-543 GRANVILLE ST. VANCOVER B.C. V6C1X-8 CA	1200-543 GRANVILLE ST. VANCOVER B.C. V6C1X-8 CA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
08/22/1989

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **65-0142474**	Applied For
21	26		Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE PD ☒ Change ☐ Addition
NAME	LONGBIN, LIV		1.2 NAME LEUI, LONGBIN
STREET ADDRESS	19 DRIVE		1.3 STREET ADDRESS 19 BUTTERFIELD DR
CITY-ST-ZIP	WESTBORO MA 01581		1.4 CITY-ST-ZIP WESTBORO MA 01581
TITLE	SD	☐ DELETE	2.1 TITLE SD ☒ Change ☐ Addition
NAME	MASRERINE, SHAUN		2.2 NAME MASKERINE, SHAUN
STREET ADDRESS	1200-543 GRANVILLE ST.		2.3 STREET ADDRESS 1200-543 GRANVILLE ST
CITY-ST-ZIP	VANCOVER B.C. V6C1X-8		2.4 CITY-ST-ZIP VANCOUVER BC V6C 1X8
TITLE	D	☐ DELETE	3.1 TITLE D ☒ Change ☐ Addition
NAME	CAI, KEN		3.2 NAME CAI, KEN
STREET ADDRESS	1200-543 GRANVILLE ST.		3.3 STREET ADDRESS 1200-543 GRANVILLE ST
CITY-ST-ZIP	VANCOVER B.C. V6C1X-8		3.4 CITY-ST-ZIP VANCOUVER, BC V6C 1X8
TITLE	D	☐ DELETE	4.1 TITLE D ☒ Change ☐ Addition
NAME	HALL, GREG		4.2 NAME HALL, GREG
STREET ADDRESS	609 GRANVILLE ST.		4.3 STREET ADDRESS 4549 MEADFEILD RD
CITY-ST-ZIP	VANCOVER B.C. V6C1X-8		4.4 CITY-ST-ZIP WEST VANCOUVER BC V7W 3E6
TITLE	D	☐ DELETE	5.1 TITLE D ☒ Change ☐ Addition
NAME	CHENG, JACKSON		5.2 NAME CHENG, JACKSON
STREET ADDRESS	111 F, UNIT 1112, 63 MODY ROAD		5.3 STREET ADDRESS 11 FLOOR, UNIT 1112, 63 MODY RD
CITY-ST-ZIP	KOLOLOON, HONG KONG		5.4 CITY-ST-ZIP KOWLOON, HONG KONG
TITLE	D	☐ DELETE	6.1 TITLE D ☒ Change ☐ Addition
NAME	JONICH, GOTO		6.2 NAME GOTO, JUNICHI
STREET ADDRESS	201F, CITIBANK PLAZA, 3 GARDEN RD		6.3 STREET ADDRESS 20 FLOOR, 3 GARDEN ROAD
CITY-ST-ZIP	CENTRAL, HONG KONG		6.4 CITY-ST-ZIP CENTRAL, HONG KONG

14. I 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 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, with all other like empowered.

SIGNATURE: _SHAUN MASKERINE_ 17/03/99 6046698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #