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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 21, 1999 8:00 am Secretary of State

05-21-1999 90009 022 ***150.00

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DOCUMENT # 1. Corporation Name	L88532
BJ INTERNATIONAL	TRADING CORPORATION

Principal Place of Business 5705 HANSEL AVENUE ORLANDO FL 32809 Mailing Address

5705 HANSEL AVENUE ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/23/1990 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 59-3025359 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible □No Personal Property Tax. 30 24 29 9. Name and Address of Current Registered Agent

XIAO BING XU 5705 HANSEL AVE ORLANDO FL 32809

1	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FI 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.

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SIGNATURE	Signature, typed or printed name of registered agent and ti	to d published (NOTE: D	egistered Agent signature n	equired when reinstating	1)	DATE		
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12.	OFFICERS AND DIF		13.		IONS/CHANGES TO C		Change	Addition
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NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST-ZIP					

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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

44/15/99 (407)8to-

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