FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # M42353 (6)

1. Corporation Name
THE GOLDEN CANTON CORP.

Principal Place of Business	Mailing Address
% MICHAEL P STRIAR ESQ 1787 NORTH UNIVERSITY DRIVE PLANTATION FL 33322	% MICHAEL P STRIAR ESQ 1787 NORTH UNIVERSITY DRIVE PLANTATION FL 33322

3. Date Incorporated or Qualified: 11/26/1986
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2744343 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LIN, STEVE KEH
1787 NORTH UNIVERSITY DRIVE
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name: HUANG, JIAN MO
82 Street Address (P.O. Box Number is Not Acceptable): 1787 N. UNIVERSITY DR.
83
84 City: PLANTATION FL 85 Zip Code: 33322

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] DATE 1/17/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	P.D	☒ Change ☐ Addition
NAME	LIN, STEVE KEH		1.2 NAME	HUANG. JIAN MO	
STREET ADDRESS	1787 N UNIVERSITY DRIVE		1.3 STREET ADDRESS	1787 N. UNIVERSITY DRIVE.	
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	VD	☒ DELETE	2.1 TITLE	V.D	☐ Change ☒ Addition
NAME	HUANG, JIAN MO		2.2 NAME	WANG. SHAO CHUN	
STREET ADDRESS	1787 N UNIVERSITY DRIVE		2.3 STREET ADDRESS	1787. N. UNIVERSITY DRIVE	
CITY-ST-ZIP	PLANTATION FL		2.4 CITY-ST-ZIP	PLANTATION FL. 33322	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] V.D. PresIDENT 1/17/96 (954)473-8133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)