PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M42353

1. Corporation Name

THE GOLDEN CANTON CORP.

Mailing Address Principal Place of Business % MICHAEL P STRIAR ESQ % MICHAEL P STRIAR ESO 1787 NORTH UNIVERSITY DRIVE 1787 NORTH UNIVERSITY DRIVE DO NOT WRITE IN THIS SPACE PLANTATION FL 33322 PLANTATION FL 33322 3. Date Incorporated or Qualifed 11/26/1986 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-2744343 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 \Box Added to Fees 28 Trust Fund Contribution 23 Country Zip This corporation owes the current year Intangible Zip Country Personal Property Tax. 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HUANG, JIAN H Street Address (P.O. Box Number is Not Acceptable) 82 1787 N. UNIVERSITY DRIVE PLANTATION FL 33322 83 City 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. ruan SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TIBE TITLE 1.2 NAME HUANG JIAN HE NAME 2300 N.W. 83RD WAY 1.3 STREET ADORESS STREET ADDRESS SUNRISE FL 33322 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 22 NAME ZHANG YIJIAN NAME 2300 N.W: 83RD WAY 2.3 STREET ADDRESS STREET ADDRESS SUNRISE FL 33322 2.4 CITY-ST-ZIP CITY-ST-ZIP - Change ☐ Addition DELETE 3.1_TITLE TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 6.1 TITLE

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.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90229 046 ***150.00