LIMITE	D ABLE ANJUAL TEP 1997	Fee after		C / EP / ME dr. detail, of DIVISION OF CORI	IT IF STATE Intlain State PORATIONS	SE DIVIS	FILE CRETARY ION OF CO	D OF STATE RPORATIONS
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$293.76 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT # M950W00018 18. Principal Place of Business Address 131 South 8th Street, Suite 10 Donna, TV. 78537 If above mailing address is incorrect in any way, line through Incorrect Information and enter correction in Block 2a.								
2 Principal Place of Business			2a. Mailing Address			3. Date Organized or Qualified 3a. State of Formation		
Suite, Apt. #, etc. City & State			Suite, Apt. #, etc. City & State			4. FEI Number Applied For Not Applicable		
Zip Country		Zip Country			5. Date of Last Report		6. Certificate of Status Desired S8 75 Additional Fee Required	
	7. Name and	Address of Current	Registered A	lgent		B. Name and Add	ress of New Re	gistered Agent
Name and Address of Current Registered Agent XXIII TUAN Dong 1635 S. Dixee Hury West Tialin Baach, FL. 33405 Sireet Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City PL 2ip Code FL 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of its registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the a as registered agent, and accept the obligations. SIGNATURE XIV DUM (Registered Agent Acceptable) DATE DATE DATE DATE DATE DATE								ment for the purpose of changing s. I hereby accept the appointment
10. Title	Manag	ng Members/Managers			ess Street Address	9)	City,	State and Zip Code
MGR.	r. Dong, Xiu Juan		7635 S. Dixee Hwy AR 100, W SUPH 50PH 188.		WP8, 71-, 33405 900024063795 -01/21/3801042004 ****188, 75 ****188.75 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.								
SIGNATURE: XM. JUNN DOWG JUNUARY 7,1998 SIGNATURE AND TYPE D ON PHINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Date Day Daysinio Prioric #								