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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9800003232 1. Corporation Name

CAL INTERNIATIONIAL INC

Princip	oal Place	of Busir	ess
13120	MEADO\	WBREEZE	OR.

FILED May 01, 1999 8:00 am Secretary of State 05-01-1999 90088 050 ****61.50

CAL INTERNATIONAL, INC.			467/87 - 90088 - 30			
Principal Place of Business	Mailing Address		-	•		
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13120 MEADOWBREEZE DR.						
WEST PALM BEACH FL 33414	WEST PALM BEAUT	1 FL 33414		}		
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N. S. Communication of Province	2n Malling Address		Date Incorporated or Qualifed	<u>. </u>		
Principal Place of Business	2a. Mailing Address	•	06/05/1998	•		
<u> </u>	26			Manufact Con		
Suite, Apt. #, etc.		- CF-0843444		Applied For		
<u> </u>	27		65 0015111	Not Applicable		
City & State	City & State		5. Certificate of Status Desired	\$8.75 Additional		
·	28			Fee Required		
Zip Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be		
25	29	30	Trust Fund Contribution	Added to Fees		
	Current Registered Agent		10. Name and Address of New Register	ed Agent		
	<u> </u>	81 Name				
WU, YEGANG DR.		82 Street Add	ress (P.O. Box Number is Not Acceptable)			
13120 MEADOWBREEZE DR.		- °				
WEST PALM BEACH FL 33414		83				
		84 City		85 Zip Code		
, 5	•	GH City	F	L " - " " " " - " - " - " - " - " - " - " - " -		
11. Pursuant to the provisions of Sections	617 0502 and 617 1508 Florida	Statutes, the above-named cor	poration submits this statement for the purpose	of changing its registered		
office or registered agent or both in th	e State of Florida. Such change.	was authorized by the corporat	ion's board of directors. I hereby accept the ap	pointment as registered		
agent. I am familiar with, and accept th	e obligations of, Section 617.050	03, Florida Statutes.				
SIGNATURE			<u></u>			
Signature, typed or printed name of regin		(NOTE: Registered Agent signature require		AND DIDECTORS IN 40		
12. OFFIC	ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS			
ITLE	☐ DELE	ETE 1.1 TITLE \$	resident	☐ Change		
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ME	☐ DELL		iaun Liana/ Director	Change Addition		
				. / .		
NAME			(• 1) 1 X M			
STREET ADDRESS		3.2 NAME	lice President			
CITY-ST-ZIP		3.3 STREET ADDRESS	lice President	on 0444236		
TILE		3.3 STREET ADURESS	860 Browster Dr. Huds	son, 0H44236		
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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 617, 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. E REQUIRECYEGANG WU.

SIGNATURE: