FILE NOW: FILING FEE IS \$61.25					
	DNPROFIT RPORATION JAL REPORT <b>1999</b>	ON Katherine		Harris of State	Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90206 024 ****61.25
	MENT # N	198000004	488		
RESOURCES, ENVIRONMENT AND CHINA, INC.					
Principal Place of Business Mailing Address					
1907 OAK BERRY CIR WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414					
<u> </u>	lace of Business		ailing Address		3. Date Incorporated or Qualifed 07/31/1998
21 Suite, Apt.	#, etc.	26	uite, Apt. #, etc.		4. FEI Number Applied For
22 City & Stat	Δ	27	ity & State		65-0858447 Not Applicable \$8.75 Additional
23	·	28		Country	5. Certificate of Status Desired Fee Required
Zip 24	Cou 25	ntry Z 29	p 3		6. Election Campaign Financing Trust Fund Contribution Added to Fees
	9. Name and Ad	tress of Current Register	ed Agent	81 Name	10. Name and Address of New Registered Agent
WEST PA	egistered agent, or b im familiar with, and a	ections 617.0502 and 617 oth, in the State of Florida. Incept the obligations of, S	Such change was aut ection 617.0503, Florid	a Statutes.	Corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered
12.	Signature, typed or printed n	ame of registered agent and title if an OFFICERS AND DIRECT	······································	egistered Agent signature r 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	· ·			1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 M Date Change Addition Change Addition Change Cir
	· ·			1.2 NAME 1.3 STREET ADDRESS	1907 Dak Berry Cir.
STREET ADDRESS				1.4 CITY-ST-ZIP	west Palm Beach, FL 33414
TITLE				2.1 TITLE 2.2 NAME	Vogang Wu
STREET ADDRESS				2.3 STREET ADDRESS	13120 Meadowbrette Dr.
CITY-ST-ZIP				2.4 CITY-ST-ZIP 3.1 TITLE	Dellington, FL 33414
NAME		·		3.2 NAME	Hanming TU 201 Burk Ave.
STREET ADDRESS CITY-ST-ZIP				3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	Ridley Park, PA 19078
TITLE		• • • • • • • • • • • • • • • • • • •	DELETE	4.1 TITLE	Change 🕅 Addition
NAME STREET ADDRESS				4.2 NAME 4.3 STREET ADDRESS	P.O. Box 613 (No street
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Greenbelt, MD 20768 address availably
TITLE		-		5.1 TITLE 5.2 NAME	Change Addition
NAME STREET ADORESS				5.3 STREET ADDRESS	
CITY-ST-ZIP	·			5.4 CITY-ST-ZIP	Change Addition
NAME				6.1 TITLE 6.2 NAME	Change Addition
STREET ADDRESS				6.3 STREET ADDRESS	
CITY-ST-ZIP		ation cumpling with this fill	n done not qualify for t	6.4 CITY-ST-ZIP	I in Section 119.07(3)(i), Florida Statutes. I further certify that the information
<ul> <li>indicated officer or</li> </ul>	on this annual report director of the corpor	or cunniamental annual to	port is true and accurate stee empowered to exe	ate and that my sign acute this report as	ature shall have the same legal effect as it made under oath, that i all all an arrequired by Chapter 617, Florida Statutes; and that my name appears in
SIGNATURE: WELGNAQUEE REQUIREDWEIHE GUAN 4/14/99 561-791-0599					