

FILED
Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Mar 28 1997 8:00am Secretary of State	
DOCUMENT # P92000007552					
1. Corporation Name DONY INTERNATIONAL CORPORATION					
Principal Place of Business		Mailing Address			
2. Principal Place of Business 21 500 NW 24 STREET Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL Zip 24 33127		2a. Mailing Address 25 500 NW 24 STREET Suite, Apt. #, etc. 27 City & State 28 MIAMI, FL Zip 29 33127		3. Date Incorporated or Qualified 11/23/1992 3a. Date of Last Report Applied For Not Applicable 4. FEI Number 65-0372507 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	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
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.			81 Name WANG MING C. 82 Street Address (P.O. Box Number is Not Acceptable) 6950 CYPRESS ROAD #208-15 83 84 City PLANTATION 85 Zip Code 33317		
SIGNATURE Ming C. Wang 3/19/97			DATE		
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP D JIANG, GUO-FAN 500 NW 24 ST MIAMI, FL 33127 1.2 TITLE NAME STREET ADDRESS CITY-STATE-ZIP D LI, MING YONG 500 NW 24 ST MIAMI, FL 33127 1.3 TITLE NAME STREET ADDRESS CITY-STATE-ZIP 1.4 TITLE NAME STREET ADDRESS CITY-STATE-ZIP 1.5 TITLE NAME STREET ADDRESS CITY-STATE-ZIP 1.6 TITLE NAME STREET ADDRESS CITY-STATE-ZIP 1.7 TITLE NAME STREET ADDRESS CITY-STATE-ZIP 1.8 TITLE NAME STREET ADDRESS CITY-STATE-ZIP			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP		
14. 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 contained 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.			700002127887 -03/28/97--01143--018 ***165.00		
SIGNATURE: X [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/20/97 Daytime Phone (305) 576-1001		