FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000007552

1. Corporation Name

DONY INTERNATIONAL CORPORATION

Principal Place	of Business	Mailing Address	Mailing Address					
500 NW 24 STR MIAMI FL 33127		500 NW 24 STREET MIAMI FL 33127	MIAMI FL 33127			DO NOT WRITE IN THIS SPAC	F	
7		7				Date Incorporated or Qualifed 11/23/1992		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number 65-0372507	Applied For Not Applicable	
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.				5 Continue of Status Desired \$8.	.75 Additional ee Required	
City & State	3	City & State					5.00 May Be dded to Fees	
Zip 24	Country Zip 25 29			Country 30		8. This corporation owes the current year Intangible Personal Property Tax.		
	9. Name and Address of Cur			T		10. Name and Address of New Registered Agent		
1.1.2	J 2 1144. 444 31 441	<u></u>		81	Name			
WANG, MING C.				A STATE OF THE STA				
	CYPRESS ROAD #208-15 ITATION FL 33317			82	Street Add	Address (P.O. Box Number is Not Acceptable)		
FLAN	TIATION FE 33317			83 84	0.7	85	Zip Code	
				84	City	FL ° °	2.ip 0000 .	
office or re	to the provisions of Sections 607. egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change wa	s authorized	1 bv 1	the corporat	poration submits this statement for the purpose of changi lion's board of directors. I hereby accept the appointment	ng its registered as registered	
SIGNATURE		/M	OTC: Desistand	Agge	Leionetura remuis	red when reinstating) DATE	}	
12.	Signature, typed or printed name of registered	AND DIRECTORS	13.	Ayan	agricule requi	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12	
TITLE	D	☐ DELETE		TLE			**	
NAME	JIANG, GUO-FAN						ì	
STREET ADDRESS			TREET	ADDRESS				
CITY-ST-ZIP	A 11 A 4 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1		TY-ST	ZIP	·			
TITLE	D DELETE 2.1T					nange		
NAME	LI, MING YONG		AME					
STREET ADDRESS			TREET	ADDRESS				
- CITY-ST-ZIP			ITY-S	T-ZIP				
TITLE	DÉLETE 3.1 T		TLE	1		nange		
NAME			3.2 N	AME				
STREET ADDRESS	•		1		ADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELETE		TY-S	T-ZIP		hange Addition	
TITLE		☐ DETEIE				·	lange	
NAME			4. 2 N		ADDRESS		1	
STREET ADDRESS						• ,		
CITY-ST-ZIP TITLE		☐ DELETE		ITY-SI ITLE	-217		hange Addition	
NAME	•		5.2 N					
STREET ADDRESS			5.3 S	TREET	ADDRESS		Ì	
CITY-ST-ZIP			5.4 C	TY-ST	r-ZiP			
TITLE		☐ DELETE	6,1 TI	TLE			hange	
NAME			6.2 N	AME				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

SIGNATUSE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

1/12/99 305-576-/00 Date Daylime Phone #

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90036 037 ***150.00

CR2E034 (11/98)