FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

 Corporation 	MENT # P9300 MING INC.	00033028 ((0)		1 (88) (88) HP (810) (10) (84) H (80)	AANN AANRA WARA WU AAN	(F (140) (111) (110)
Principal Place of Business Mailing Address 13150 SR 84 11471 NW 32ND MANOR DAVIE FL 33325 SUNRISE FL 33323 US							
					3. Date Incorporated or Qualified 05/05/1993	3a. Date of Last F 04/25/19	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt. #	H oto	Suite Apt # etc			65-0468991	· · · · · · · · · · · · · · · · · · ·	Not Applicable
22		Suite, Apt. #, etc			5. Certificate of Status Desired	1 1	5 Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.0	IO May Be
Zip 24	Country Zip 25 29		Country 30	1	8. This corporation has liability for intangible tax under s 199.032,		
	9. Name and Address of Curre		[30]	Florida Stalutes Yes No 10. Name and Address of New Registered Agent			
			81	Name	10, Hamile dista Address Of Herr Ne	Mistelen Wallt	
LIANG, J 11471 N	IE S W 32ND MANOR		82	Street Addr	ress (P.O. Box Number is Not Acceptable	e)	
	FL 33323		83				
			84	City		■. 85 Zi	p Code
11. Pursuant to	n the provisions of Sections 607.050	2 and 607 1508 Etorida Sta	oti too the above.	comed corpor	ration submits this statement for the purp	FL	·
familiar with	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec Synathre typed or printed rame of registered agent	tion 607.0505, Florida Statu	orized by the corp utes.	oration's boar	ra of directors. I hereby accept the appo	intment as registered	egistered onice Lagent, Lam
12.		ID DIRECTORS	(NOTE: Registered Ager	it signature required	d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO	DDC IN 12
TITLE	D	DELETE	1. 1 TITLE		ASSINGTIANALS TO OTTE	☐ Change	Addition
NAME	LIANG, JIE S		1.2 NAME				_
STREET ADDRESS	11471 NW 32ND MANOR SUNRISE FL 33323		13 STREET	ADDRESS			
CITY-ST-ZIP TITLE	ODITIOL IL 33323	☐ DELETE	1.4 CITY - S	I - ZIP			
NAME			2 1 TITLE			Change	Addition
STREET ADDRESS			2.2 NAME 2.3 STREET	ADDDECC			
CITY-ST ZIP			2.5 STREET	• • • • • • • • • • • • • • • • • • • •			
TITLE		☐ DELETE	3 1 TITLE			☐ Change	Addition
NAME			3 2 NAME				
STREET ADDRESS			3.3. STREET	ADDRESS			
CITY-S1-ZIP		The state of the s	34 CITY - S	T-ZIP			<u></u>
TITLE		☐ DELETE	. 4 1 THILE			☐ Change	☐ Addition
NAME STREET ADORESS			4.2 NAME				
STREET ADDRESS			4.3 STREET	1			
CITY-ST-ZIP TITLE		□ DELETE	4.4 CITY - S 5.1 TITLE	I-ZIP		- Channe	The Address
NAME			5.2 NAME			☐ Change	☐ Addition
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY - ST - ZIP			5.4 CITY-S				
TITLE		☐ DELETE	6 1 TITLE			☐ Change	Addition
NAME			6.2 NAME			_ •	
STREET ADDRESS			6 3 STREET	ADDRESS			
CITY - ST - ZIP	and the state of t		6.4 CITY-S	1- ZIP			
					or the exemption stated in Section 119.0 te and that my signature shall have the si is report as required by Chapter 607, Flor		

SIGNATURE: