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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000045846 (1)

BAOFA INTERNATIONAL, INC.

FILED Mar 17 1998 8:00am Secretary of State



-21-0108

Principal Place of Business Mailing Address							- I SOUTHOUT HIGH TOUGH HISTE BONN DONN BONN DIENE BINDY HOND DEFIN BONN TOUGH				
1515 NW 167TH ST 19592 N.W. 82ND PLACE											
1515 MW 1671	in oi		MIAMI FL 33015								
MIAMI FL 33169							DO NOT WRITE IN THIS SPACE				
us						3.	3. Date Incorporated or Qualified				
							06/23/1993		- 1.		
2. Principal Pia	ace of Business	2a. Mailing Address				4.	FEI Number			pplied For	
21	1	26 Suite Ant # ote	Suite, Apt. #, etc.				65-0459895 Not Applicable \$8.75 Additional				
Suite, Apl. #	, etc.	27 Suite, Apr. #, etc.					Certificate of Status Desired	×	·	Additional tequired	
City & State		City & State	<b>├</b> ¬ '			6.	Election Campaign Financing	П	\$5.00 May Be Added to Fees		
23				Country			Trust Fund Contribution				
Zip <b>24</b>	Country 25	29 29	30			8.	This corporation owes or has p Personal Property Tax due Jur			itangibie D No	
44	9. Name and Address of Cu		1001	T		10.	Name and Address of New F		Ägent		
HU	ANG, LIN K			81	Name						
19592 N.W. 82ND PLACE					Ctroot Ac	ddraga /C	P.O. Box Number is Not Accept	able)	· · ·		
MAMI FL 33015					30000 AC	JUI 888 (F	O. Box Mulitiber is 1400 Accept	2010)			
				83							
				84	City			FI	<b>85</b> Zip	Code	
11 Pursuant to	the provisions of Sections 607	.0502 and 607.1508, Florida Statu	tes, the a	sbove	-named co	orporatio	on submits this statement for the	DUIDOSA	of changing	its registered	
office or re	gistered agent, or both, in the S	State of Florida. Such change was	authorize	ed by	the corpo	ration's t	board of directors. I hereby acc	ept the ap	pointment a	s registered	
Ū	n tamiliar with, and accept the o	bligations of, Section 607.0505, F	iorida Sta	ກບເຂເ							
SIGNATURE .	Signature, typed or printed name of registere	d apent and little if applicable. (NO	TE: Register	ed Ape	nt signature re	quired when	n reinstating)	DATE		<del></del>	
12.		AND DIRECTORS	13.				ADDITIONS/CHANGES TO OFF	ICERS AN	ID DIRECTO	RS IN 12	
TITLE	P	☐ DELETE	1.1 1	TITLE					Change	Addition	
NAME	LIU, BAO-GUO		1.2 (	MAME	1						
STREET ADDRESS 19592 NW 82 PL			1.3 5	1.3 STREET ADDRESS							
CITY-ST-ZiP	MIAMI FL 33015		1.4 (	CITY-S	T-ZIP						
TITLE	DELETE			2.1 TITLE					Change	■ Addition	
NAME			2.21	NAME	İ						
STREET ADDRESS			2.3 5	STREET	adoress						
CITY-ST-ZIP			2. 4 CITY-ST-ZIP								
TITLE	☐ DELETÉ		3.1 T/TLE					Change	Addition		
NAME			3.21	NAME							
STREET ADDRESS			3.3 5	STREET	ADDRESS						
CITY-ST-ZIP	<u> </u>			CITY-S	T- ZIP				Chance .		
TITLE		☐ DELETE	1	TITLE					☐ Change	Addition	
NAME			- 1	NAME							
STREET ADDRESS			- 1		ADDRESS						
CITY-ST-ZIP		DOLETE	_	CITY-S	T-ZIP				Change	Addition	
TITLE		∟ DELE <b>te</b>		TITLE					ட வளி	Li Addition	
NAME				NAME	1000000						
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP		DELETE	_	CITY-S	1-ZIP		,		Change	Addition	
TITLE				FITLE					ET Ottoriffe		
NAME				NAME	ADDDCCC						
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP	artify that the information symplic	ed with this filing does not qualify		OTY-\$		in Section	on 119.07(3)(i). Florida Statutes	I further o	certify that th	e information	
indicated of officer or d	on this annual report or supplem	ental annual report is true a <b>nd</b> ac receiver or trustee empowe <b>red</b> to	curate ar	nd thi	at my siana	ature sha	all have the same legal effect as	: If made u	ınder oath; ti	natiam an	