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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000045846

BAOFA INTERNATIONAL, INC.

FILED
Apr 15, 1999 8:00 am
Secretary of State
04-15-1999 90082 035 ***158.75

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Principal Place	e of Business	Mailing Add	lress				1 10011001	··· · · · · · · · · · · · · · · · · ·	**** ***** ***** *****	Wildlie	2111 1881	
1515 NW 167TH ST 19592 N.W. 82ND PLACE								•				
110U MIAMI FL 33015							DO NOT WE	TE IN TUR	CDACE			
MIAMI FL 33169							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
US							3. Date Incorpor					
2. Principal P	lace of Business	2a. Mailing	Address				4. FEI Number	_		<u> </u>	pplied For	
21		26					65-045989) 5	_		lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of	Status Desired	A		Additional	Ì
22	·	27					U. Cortificatio Cr				Required	
City & Stat	e	City & S	State				6. Election Carr		П		🕽 Мау Ве	
23		28					Trust Fund C	ontribution		Added	to Fees	
Zip	Country	Zip		Cou	intry		8. This corporat		rønt year Int		п.,	
24	25	29		30			Personal Pro	<u> </u>		☐Yes	□No	-
	9. Name and Address of Cu	rrent Registered Ag	ent		941		10. Name and A	ddress of New	Registered	Agent		
LEITA	NG HALK				81	Name						
	NG, LIN K				82	Street Addr	ress (P.O. Box Numb	er is Not Accept	able)		•	
	92 N.W. 82ND PLACE											
MIA	VI FL 33015				83							- `
					84	City				85 Zip	Code	
						•			FL	. _		
11. Pursuant	to the provisions of Sections 607.	.0502 and 607.1508,	Florida Statute	es, the al	bove	-named corp	oration submits this	statement for the	purpose of	changing it	ts registered	
office or f	registered agent, or both, in the Si im familiar with, and accept the ob	tate of Florida. Such blications of Section	change was at 607.0505. Flot	uthonzed	d by ti	the corporation	on's board of directo	rs, r nereby acce	br rue appoi	nument as i	egistered	
				iua Siau	utes.	_						
				ida S <u>i</u> aii	utes.	-						
SIGNATURE	Signature, typed or printed name of registered		- ,				ed when reinstating)		DATE			
	Signature, typed or printed name of registered		- ,					HANGES TO O	_,			- 60
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable.	- ,	Registerød	l Agent			HANGES TO OF	_,	ID DIRECT		- 1
SIGNATURE	Signature, typed or printed name of registerer OFFICERS P LIU, BAO-GUO	d agent and title if applicable.	(NOTE	Registered	I Agent			HANGES TO OF	_,			- 1
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14. Orry-st-zip

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, on an attachment with an address, with all other like empowered.

SIGNATURE: