

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000064490

1. Corporation Name

GOLDEN HORSE CULTURE BUSINESS DEVELOP (U.S.), IN

Principal Place	cipal Place of Business Mailing Address					(1921) 10 10 10 10 10 10 10 10 10 10 10 10 10	
2898 UNIVERSITY DRIVE 502 NW 87 LANE							
UNIT 43		CORAL SPRINGS FL 33071	CORAL SPRINGS FL 33071			DO NOT WRITE IN THIS SPACE	
CORAL SPRINGS FL 33065						3. Date Incorporated or Qualifed	
						09/15/1993	
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For	
21		26	26			65-0436837 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional	
22		27				5. Certificate of Status Desired Fee Required	
City & State	•	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28			***	Trust Fund Contribution Added to Fees	
Zip	ip Country Zip		Country			8. This corporation owes the current year Intangible	
24	25	29	30			Tersonal Troporty Tux:	
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Registered Agent	
YII	IIN G			01	Name		
XU, JIN G				82 Street Address (P.O. Box Number is Not Acceptable)			
502 N.W. 87TH LANE CORAL SPRINGS FL 33071							
COM	AL SPRINGS PL 33071			83			
				84	City	85 Zip Code	
						FL	
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a	iutnorized	DV (I	named c ne corpoi	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
SIGNATURE						outred when rejectation) DATE	
	Signature, typed or printed name of registered ag		<u> </u>	Agent s	signature re	quired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12	
12.		ND DIRECTORS  [V DELETE	13. 1.1 TO	n F		ADDITIONS/OFFIANGES TO OFFICE AND DISCOSTANCE Addition	
TITLE	TV		1.2 N			zheng Ming Chen	
NAME		120			ODRESS	Room 201 No. 2. Ling Ling Rd Long 35	
STREET ADDRESS	RESSI 6/F CHINA OVERSEAS BLDG 139 HENESSY RD,HONG KONG			1.4 CITY-ST-ZIP		Shanghai China	
CITY-ST-ZIP		X DELETE	2.1 TF	~	ZIP	Change Addition	
TITLE	ייי						
NAME	CHEN, YAN Y	100			ADDRESS	Zhu yong kang	
STREET ADDRESS	.6/F. CHINA OVERSEAS BLDG	139				No 168 Violy: Pd	
CITY-ST-ZIP	HENESSY RD,HONG KONG	<b>⊠</b> DELETE	3.1 TI	ITY-ST-	- 212	Change Addition	
TITLE	SD VI IN C	) COLLEGE	3.2 NA			Zhu yong Kang No. 48 XINYI: Rd. Shanghai BChina Change Addition	
NAME	XU, JIN G		1		ADDRESS .	U	
STREET ADDRESS	1846 NE 4 AVE			TY-ST-			
CITY-ST-ZIP	MIAMI FL 33132	☐ DELETE	3.4. C		-217	☐ Change ☐ Addition	
TITLE		_ >====================================	4. 2 N			_	
NAME			4		ADDRESS		
STREET ADDRESS					- 1		
CITY-ST-ZIP		☐ DELETE	4.4 CI 5.1 TI	TY-ST-	<u> </u>	☐ Change ☐ Addition	
TITLE		C Deceie	5.1 II			,	
NAME					ADDRESS		
STREET ADDRESS				TY-ST-	- 1		
CRY-ST-ZIP		□ DELETE	6.1 TI		- Lir	Change Addition	
TITLE			6.2 N/			C suprige C agricult	
NAME			■ 0.Z N/	WIL			

6.4 CITY-ST-ZIP 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.

63 STREET ADDRESS

NAME

STREET ADDRESS

sercich

Feb 23, 1999 8:00 am

Secretary of State

02-23-1999 90047 048 \*\*\*150.00