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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000080572

1. Corporat on Name

PROSPER, INC.

Principal Place of Business

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90120 027 ***150.00



9632 SW 771H AVE. MIAMI FL 33756 US			9632 SW 77TH AVE. Miami FL 33156 US					DO NOT WRITE IN THIS SPACE									
•									11/17	/1993	ed or Qu	ıalifed					
2. Principal Pl	ace of Business	2a. Mailing Address					FEI Nur						Ш	App	ed For		
21			26					<u>65-04</u>	<u>49124</u>							Applicable	
Suite, Art. #, etc.			Suite, Apt. #, etc.				5	Certifca	te of Sta	itus Des	ired		\$			dditional	
22			27												Fee	Req	uired
City & State			City & State				6. 1	Election	Campa	ign Fina	ncing	П		•		/ay Be	
23			28						Trust F	ind Con	tribution				Add	led to	Fees
Zip	Country	•	Zip		Country							ne curre	nt year li			,	-7
24	25		29	30	<u> </u>					I Prope	· <u>'</u>				Yes		No
	9. Name and Addres	ss of Current R	tegistered Agent					10.	Name :	ind Add	ress of	New Ro	egistere	s Age	nt		
GUO	, rong shen				81	N	ame										
9632 SW 77TH AVE.			82 Stree			treet Ad	Ad tress (P.O. Box Number is Not Acceptable)										
MIAN	AI FL 33156				83	t											
						L_									-1-	Zip C	
					84	c	ity						F	_ *	5 2	zip Ci	cue
office or re	to the provisions of Sect egistered agent, or both, m familiar with, and acce	in the State of I	Florida, Such change v	vas autho	orized hv	the	amed co corpora	poration ation's boa	submit ard of d	this starectors.	tement i I hereby	for the p	the app	of cha pintme	nging ant a	g its r s reg	egistered istered
SIGNATURE	Signature, typed or printed nar ie	of registered agent an	nd title if applicable	(NOTE: Reg	gistered Agen	nt sign	nature requ	red when rei	instating)				DATE		_		
12.)ic	FICERS AND I	DIRECTORS		13.			A	DDITIC	NS/CH/	NGES	ro off	ICERS /				
TITLE	D		DELE"	TE	11TITLE										Chan	ige	☐ Addition
NAME	shen, guo r				12 NAME												
STREET ADDRESS	14913 SW 170 TER	R			1.3 STREET	TADE	DRESS										
CITY-ST-ZIP	MIAMI FL 33187				1.4 CITY-ST	T. ZIP	,										
TITLE	DVST		☐ DELETE		2.1 TITLE									Сһап	ige	☐ Addition	
NAME	ZHOU, YA Q				2.2 NAME		İ										
STREET ADDRE 3S	14913 SW 170 TER	R			2.3 STREET	TADE	ORESS										
CITY-ST-ZIP	MIAMI FL 33187				2. 4 CITY-S	ST-ZIF	p										
TITLE			☐ DELE	TE	3.1 TITLE										Char	nge	☐ Addition
NAME					32 NAME												
STREET ADDRE 3S					3.3 STREET	TADO	DRESS										
CITY-ST-ZIP					3.4. CITY-S	ST-ZIF	p										
TITLE			☐ DELÉ	TE	4.1 TITLE										Char	nge	Addition
NAME				1	4, 2 NAME												
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CITY-ST-ZIP					4 4 CiTY-ST	T-ZIP	,										
TITLE			☐ DELE	TE	51 TITLE		<u> </u>					_			Char	nge	☐ Addition
NAME					5.2 NAME												
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CITY-ST-ZIP					5.4 CITY-S	T-ZIF	,										
TITLE			☐ DELE	TE	6.1 TITLE										Char	nge	Addition
NAME					6.2 NAME												
STREET ADDRESS					6.3 STREET	TADO	DRESS										

CITY-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, or on an attact ment with an address, with all other like empowered.

NAME OF SIGNING OFFICE ? OR DIRECTOR

Guo R. Shen, President