## 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 # P93000081017 (4)

INTERCHEM, INC.

**SIGNATURE:** 

**FILED** Apr 13 1998 8:00am Secretary of State

Aprils, 1998

Principal Place	of Business	Mailing Address				PROUIDBY LIVE TAKEN HILLE BOTTL BOLLL BREEK BOFFU TO	JUJ KRRI ORIO IIO	
13884 SW 64 STREET MIAMI FL 33183 US		13884 S.W. 64 STREET MIAMI FL 33183 US		DO NOT WRITE IN THIS	S SPACE			
						3. Date Incorporated or Qualified		
2. Principal P	ace of Business	2a. Mailing Address				11/16/1993 4. FEI Number		oplied For
21	ace of Business	26				65-0449057	f <del>1</del>	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75	
22		27				5. Certificate of Status Desired	Fee Re	
City & State	)	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28	·\$			Trust Fund Contribution	Added	
Zip			Countr	У		8. This corporation owes or has paid the c		_ ~
24	25 29 30 30 9. Name and Address of Current Registered Agent		0]			Personal Property Tax due June 30.  10. Name and Address of New Registered		No
14/41	<del></del>	III Negistered Agent	81	ΙN	ame	TO. Hame and Address Of New Registered	) Agent	
	NG, XIAO-YUAN					·		
	O SW 139 TERRACE		82	2  S1	reet Addre	ess (P.O. Box Number is Not Acceptable)		
MIA	MI FL 33158		83	<del> </del>				
				ļ_			<del></del>	
			84	디디	ity	F:	<b>65</b> Zip (	Code
11. Pursuant t	o the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	, the abov	e na	med corp	oration submits this statement for the purpose	of changing it	s registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE .	Liaoquan Wong	xiaoyuan wang.	pre	s de	nT		Aoril I	1982
	Signature, typed is printed name of register of ago			ent siç	gnature require	ed when reinstating) DATE	11/11/2	
12.		ID DIRECTORS  DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AF		
TITLE	PD OL VONOZUEN	☐ OECETE	1.1 TITLE				L Change	☐ Addition
NAME OVERT ADDRESS	QI, YONGZHEN 13884 SW 64 STREET		1.2 NAME		ncos			
STREET ADDRESS	MIAMI FL		1.3 STREE					
CITY-ST-ZIP TITLE	VP	DELETE	1.4 CITY - 2.1 TITUE	S1-211	<del>-  </del> -		Change	Addition
NAME	LU. JINGFENG	<u>.                                    </u>	2.2 NAME					
STREET ADDRESS	13884 SW 64 STREET		2.3 STREE		RESS			
CITY-ST-ZIP	MIAMI FL		2. 4 CITY	ST - 21	Р			
TITLE	D	☐ DELETE	31 TITLE				Change	☐ Addition
NAME	JENNY LU 321		3.2 NAME	3.2 NAME				
STREET ADDRESS	13884 SW 64 STREET		3.3 STREET ADDRESS		ress			
CITY-ST-ZIP			3.4. CITY		P			
TITLE			4.1 TITLE				L Change	☐ Addition
NAME			4. 2 NAM					
STREET ADDRESS			4.3 STREE					
CITY-S1-7IP		DELETE	5.1 TITLE		<u> </u>		Change	Addition
TITLE NAME			5.2 NAME				- Change	Agoillon
STREET ADDRESS			5.3 STREE		DECC.			
CITY-ST-ZIP			5.4 CITY-					
TITLE		DELETE	6.1 TITLE	الع ٠ ري			Change	Addition
NAME			6.2 NAME				•	
STREET ADDRESS			6.3 STREE		RESS			ļ
CITY - ST - ZIP			6.4 CITY-	ST-ZII	,			
14. I hereby o	ertify that the information supplied w	with this filing does not qualify for	the exem	ption	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 attachten with an address.								
1510CK 12 (	or Block 13 if changed, or on an atta	achingent with an address.				10x121.1998		
	- 1 .44 f V 0	7 (74791 <i>#01</i> 719			1/1/	(1)11/6-1 (1)10		