

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER JULY 28, 1993.**  
**AMOUNT DUE ON OR BEFORE 7/28/93: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$400)**

**CORPORATION  
ANNUAL REPORT**

**1995**



FLORIDA DEPARTMENT OF STATE  
 Jim Egan  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 12 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation. **DOCUMENT # P93000083429**

**WAN LI TRADING CO., INC.**  
**465 South Drive**  
**Miami Springs, FL 33166**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

**FILING FEE \$225.00** **Annual Report \$61.25 + \$138.75 Corporation Supplemental Fee + \$25.00 Late Fee**  
**MAKE CHECK PAYABLE TO DEPARTMENT OF STATE**

|                    |                     |                                 |                     |
|--------------------|---------------------|---------------------------------|---------------------|
| 2. Mailing Address |                     | 2a. Principal Place of Business |                     |
| 21                 | State, Apt. #, etc. | 26                              | State, Apt. #, etc. |
| 22                 | City & State        | 27                              | City & State        |
| 23                 | Zip                 | 28                              | Zip                 |
| 24                 | Country             | 29                              | Country             |

|                                                                                                                                   |                                               |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>12-7-1993</b>                                                                             | 3a. Date of Last Report                       |
| 4. FEI Number<br><b>65-0509036</b>                                                                                                | Applied For<br>Not Applicable                 |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                      | <b>\$8.75</b> Assistance Fee Required         |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                | <b>\$5.00</b> May Be Added to Fees            |
| 7. Nonprofit with IRS 501(c)(3)<br>Tax Exempt Status <input type="checkbox"/>                                                     | <b>\$138.75</b> Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <b>XX</b> Yes <input type="checkbox"/> No |                                               |

9. Name and Address of Current Registered Agent

**JANSE, FERNANDO**  
**465 South Drive**  
**MIAMI SPRINGS, FL 33166**

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>FL</b>   |
| 83                                                    |             |
| 84 City                                               |             |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 *Fernando Janse*  
 (Registered Agent Accepting Appointment) (Not a Registered Agent's Signature required when reinstating)

DATE **4-11-95**

| 12. OFFICERS AND DIRECTORS                                         |                                                                     | 13. CHANGES TO OFFICERS AND DIRECTORS IN 12                        |                                                        |
|--------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------|
| 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP | D/P<br>Fernando Janse<br>465 South Drive<br>Miami Springs, FL 33166 | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP |                                                        |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP | D/S<br>Lei Lo Janse<br>465 South Drive<br>Miami Springs, FL 33166   | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP | 400001455374<br>-04/13/95-01019-012<br>***\$200.00 *** |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP |                                                                     | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP |                                                        |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP |                                                                     | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP |                                                        |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP |                                                                     | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP | 11/10/95<br>first                                      |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP |                                                                     | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP |                                                        |

14. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 or as a change of an attachment with an address.

SIGNATURE: *Fernando Janse*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-95

(305) 888-9369

Date Daytime Phone