05-06-1999 90292 024 ***793.75

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	1999 DIVISION OF CORPORATIONS					05-06-1999 90292 024 ***793.75			
i. Corporation	MENT # P9300 TERNATIONAL INC. USA	0087187				1 100:1000 HE 10100 HHH 00(1) 00(1) 00	1111 4 1 1 1 1 1 1	11 10001	iieen ionin ioen ioo
Principal Plac	ce of Business	Mailing Address							
C/O FLORIDA SPLENDID/CHINA 3000 SPENDID CHINA BLVD. 3000 SPENDID CHINA BLVD KISSIMMEE FL 34747 KISSIMMEE FL 34747 US						DO NOT WRITE II	N THIS S	PACE	
US						 Date Incorporated or Qualifed 12/22/1993 			
2. Principal I	Place of Business	2a. Mailing Addi	ess		_	4. FEI Number 59-3215006		F	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired	<u>, </u>	Fee	75 Additional e Required	
City & Sta	City & State City & State					6. Election Campaign Financing Trust Fund Contribution]		00 May Be ded to Fees
Zip	Country 25	Zip 29	30	Country		This corporation owes the current y Personal Property Tax.	<u> </u>	Yes	□No
	9. Name and Address of Cur	rent Registered Agent		81		10. Name and Address of New Regi	stered Aç	gent	
YANG, GUANG 3000 SPLENDID CHINA BLVD. KISSIMMEE FL 34747					Name Street Add	dress (P.O. Box Number is Not Acceptable)	ĵ		
				84	City		FL		Zip Code
11. Pursuan office or agent.	t to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the ob	0502 and 607.1508, Flor ate of Florida, Such char ligations of, Section 607.	ida Statutes, th ige was author 0505, Florida S	ie above ized by t Statutes.	-named cor the corporat	poration submits this statement for the purption's board of directors. I hereby accept the	pose of che appointr	nanging ment a	g its registered is registered
SIGNATURE									
	Signature, typed or printed name of registered				signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DIRE	CTORS IN 12
12.		AND DIRECTORS		13. 1.1 TITLE	1	ADDITIONS/CHANGES TO OFFICE		Chai	
TITLE	PD VIIIE NINO	Цι							.a
NAME	ZHU, YUE-NING	n		1.2 NAME					
STREET ADDRESS		U.		1.3 STREET	ŀ				
CITY-\$1-ZIP	KISSIMMEE FL 34747		1	1.4 CITY-ST	-ZIP			Cha	nge 🗆 Addit

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	PD DELET	TE	1.1 TITLE	Char	ge 🔲 Addition					
NAME	ZHU, YUE-NING		1.2 NAME							
STREET ADDRESS	3000 SPLENDID CHINA BLVD.		1.3 STREET ADDRESS							
CITY-ST-ZIP	KISSIMMEE FL 34747		1.4 CITY-ST-ZIP							
TITLE	SD DELE	TE ;	2.1 TITLE	☐ Char	ige Addition					
NAME	YANG, GUANG	1:	2.2 NAME							
STREET ADDRESS	3000 SPENDID CHINA BLVD.		2.3 STREET ADDRESS							
CtTY-ST-ZIP	KISSIMMEE FL 34747		2, 4 CITY-ST-ZIP							
TITLE	☐ DELE	TE	3.1 TITLE	Char	ige 🔲 Addition					
NAME] :	3.2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP			3.4. CITY- ST- ZIP							
TITLE	☐ DELE	TE .	4.1 TITLE	☐ Char	nge					
NAME			4, 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY-ST-ZIP							
TITLE	□ DELE:	TE	5.1 TITLE	☐ Chai	nge					
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP		:	5.4 CITY-ST-ZIP							
TITLE	DELE	TE	6.1 TITLE	☐ Chai	nge					
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							
CITY OT 710			6.4 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 attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECT NAME OF SIGNING OFFICER OR DIRECTOR