Feb 25, 1999 8:00 am Secretary of State 02-25-1999 90092 033 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P94000001114
Corporation Name	10100001111

JING JIANG GROUPS, INC.							
Principal Place of Business Mailing Address			3 (48)(44) 140 18111 41811 88311 48114 89141 8041	. Bajal 1186	il 15001 SIBIL BIBL SBE:		
7600 DR. PHILLIPS BLVD SUITE 106 ORLANDO FL 32819 US	7600 DR. PHILLIPS BLVD SUITE 106 ORLANDO FL 32819 US			DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 01/04/1994	S SPACE	E .	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	L	Applied For	
21	26			59-3216140		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		75 Additional ee Required	
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees	
Zip Country 24 25	Zip Co	untry	,	This corporation owes the current year In Personal Property Tax.	ntangible Yes	i □No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ZHENG, SHI T 7600 DR. PHILLIPS BLVD SUITE 106 ORLANDO FL 32819		81	Name Street Addr	ress (P.O. Box Number is Not Acceptable)			
		83			,		
			City	FI	_ -	Zip Code	
 Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli 	te of Florida. Such change was authorize	ed by	the corporation	poration submits this statement for the purpose of ion's board of directors. I hereby accept the apporation	f changir intment a	ng its registered as registered	
SIGNATURE Signature, typed or printed name of registered a	gent and title if applicable (NOTE: Registers	ed Agei	nt signature require	ed when reinstating) DATE			

agont. I a	in ransmar vitti, and accopt the songations of co-					
SIGNATURE	Signature, typed or printed name of registered agent and title if applic	cable (NOTE D	egistered Agent signature requ	uired when reinstating) DAT	E .	
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	V	DELETE	1.1 TITLE	Nobilional and the control of	☐ Change	Addition
	HUANG, BAO Q		1.2 NAME		_ •	
NAME						
STREET ADDRESS	7600 DR PHILLIPS BLVD SUITE 106		1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		1.4 CITY- ST- ZIP		Choren	Addition
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	HUANG, YU E		22 NAME			
STREET ADDRESS	7600 DR PHILLIPS BLVD SUITE 106		2.3 STREET ADDRESS			1
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-ST-ZIP		· Supera	· ,
TITLE		☐ DELETE	3.1 TITLE	 	Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		□ DELETE	4.1 TITLE		Change	☐ Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		□ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		_	5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY OT 700			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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #