FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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P94000022614 (9)

1, Corporation	MENT # In Name & YL, INC.	P9400	0022614 (9)	1 (#0)/00±110 (#1)/1 A±10±00/11 00	II BBIIT BBITT TIATA TIBIB BITAL ISBIL ALBI TABI
ļ						
Principal Place	e of Business		Mailing Address		f sentiable to sell bibit shift shift sellings	ti markt ûnern liftig tikir. Atiêl ziêlt elêl 1881
7355 ALOI WINTER P	MA AVE ARK FL 32792		7355 ALOMA AVE WINTER PARK FL :	12792		
					3. Date Incorporated or Qualified 03/24/1994	3a. Date of Last Report 04/03/1995
21	lace of Business		2a. Mailing Address 26		4. FEI Number 59-3234939	Applied For Not Applicable
Suite, Apt.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		#1777 A	Orty & Stato		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24	25	untry	7ip 29	Country 30	8. This corporation has liability for in Florida Statutes 💢 Yes	□No
	9, Name and Ac	dress of Current F	tegistered Agent	81 Name	10. Name and Address of New Re	gistered Agent
HUAN	G, PO-TIEN					
7355 /	ALOMA AVE			82 Street Add	ress (P.O. Box Number is Not Acceptable	i)
WINTE	R Park FL 3279	2		83		
				84 City		85 Zip Code
11. Pursuant t	to the provisions of S	ections 607.0502 ar	nd 607.1508, Florida Statu	es, the above named coroo-	alian submits this statement for the num	ose of changing its registered office.
or register familiar wit	ed agent, or both, in th, and accept the ot	the State of Florida. Digations of, Section	Such change was authoriz 607.0505, Florida Statute:	red by the corporation's floats.	ration submits this statement for the purp rd of directors. I hereby accept the appoi	ntment as registered agent. I am
SIGNATURE _		_	•			
12.	Skir of ire, typed or printed n	OFFICERS AND D		HE Hogedored Agent's grunnen i pelo		DATE
TILE	D	OFFICERS AND L	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	
NAME	HUANG, LILY	•		1.2 NAME		Change Addition
STREET ADDRESS	2830 CHAPE			1.3 STREET ADDRESS		
CHTY - ST - ZIP	OVIEDO FL 3	2780		1.4 CHY-ST-ZIP		
TITLE	D		☐ DELFTE	2 1 TILLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	LIU, YUAN			2.2 NAME		C v B
STREET ADDRESS	201 BRIGHT			2.3 STREET ADDRESS		
CITY - ST - Z-P	CASSELBERI	RY FL 32707		24 CITY ST-ZIP		
TIFLE			□ DELETE	3 1 TITLE		Change Addition
NAME				3.2 NAME		
STHEET ADDRESS				33 STREET ADDRESS		
CHTY - ST - ZIP			CIPACTE	3 4 CITY - \$1 - 7IP		
THILE NAME			☐ DELETE	4.1301.6		Change Addition
STREET ADDRESS				4.2 NAME		
CITY-ST-ZIP				4.3 STREET ADDRESS		
TITLE		~	DELFTE	44 CHY-ST-ZIP 5 1 TITLE		Change Addition
NAME			<u></u>	5.2 NAME		C andulae C Manifoli
STREET ADDRESS				53 STREET ADDRESS		
CHTY - ST - ZIP				5.4 C(1Y - \$1 - Z)F		
TITLE			DELETE	6 1 THELE		☐ Change ☐ Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET ADDRESS		
CITY-ST-ZIP				6.4 CITY+ST-7IP		
14. I do hereby	certify that the infor	nation supplied with	this filing is voluntarily fure	ished and does not qual by fo	or the exemption stated in Section 119.0	7(3)(k), 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.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407657 9555