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

P94000037482 (4) DOCUMENT #

HANG-LONG AGRO-INDUSTRIAL CO.

Mailing Addrose

FILED Apr 23 1998 8:00am Secretary of State



Filitopairiace	e of Dosiness	Mailing Address					
1835 NORA TYSON RD.		P.O. BOX 473					
ST.CLOUD FL	. 34769	ST. CLOUD FL 34770			DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualified		· · · · · · · · · · · · · · · · · · ·
ĺ					05/18/1994		
9 Principal Pl	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FÉI Number	1 1/	Applied For
					59-3243284		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Additional	
22		27		5. Certificate of Status Desired		Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
23		28			Added to Fees		
Zip	Country Zip		Countr	Country 8. This corporation owes or has paid the current year Intangible			
24	25	29	30		Personal Property Tax due June 30. Yes No		
B-7]	9, Name and Address of Curren		1991		10. Name and Address of New Registered		
PO	CH, WILLIAM		81	Name			
	1 BLUE BAYOU DRIVE			ļ			
KISSIMMEE FL 34743			82	Street Ad	et Address (P.Ö. Box Number is Not Acceptable)		
TAIS.	OUMBILL FL 97/70		83	ļ			
			84	City	FL	85 Zip	Code
				<u> </u>			
11. Pursuani I	to the provisions of Sections 607.0500 enlistered agent, or both, in the State	2 and 607.1508, Florida Stat t of Florida. Such change was	utes, the abov authorized b	e-named co v the corpor	orporation submits this statement for the purpose or ration's board of directors. I hereby accept the app	t changing cointment a	its registered is realistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, F	Iorida Statute	S.	and the second of the second o		
SIGNATURE							
	Signature, typed or printed name of registered age		TE Registered Ag	ont signature rec	quired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE -	PTD	☐ DELETE	1,1 TITLE			L Change	Addition
NAME	HSIAO, CHI-CHUAN		1.2 NAME				
STREET ADDRESS	1635 NORA TYSON ROAD		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	ST. CLOUD FL 34769		1.4 CITY-	ST-ZIP			
TITLE	SD DELETE		2.1 TITLE	ľ		Change	: ∐ Addition
NAME	POCH, WILLIAM		2.2 NAME				
STREET ADDRESS	301 BLUE BAYOU DRIVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL 34743-2540		2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition .
NAME	•		3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-				
TITLE		DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME			_ •	
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY - 5.1 TITLE	ar-ZIF		Change	Addition
HILE		L. OLLCIE				- John Strange	
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		The ere	5.4 CITY -	ST-ZIP		Channe	A Addition
TITLE		☐ DELETE	6.1 ¥(1LE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			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.