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 # P9400061444

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90107 004 ***150.00

AMERICA	AN NEW TECHNOLOGY, IN	c.								
Principal Place of Business Mailing Address						- I FBB(1884 (18 1811 B1811 BD)(f 881)	I EELIL EULLE ELLE1		WIT BIRT 1881	
7627 NORTH WEST 36TH AVENUE 7627 NORTH WEST 36TH AVENUE GAINESVILLE FL 32606 GAINESVILLE FL 32606						DO NOT WRIT	E IN THIS SPA	ACE		
							3. Date Incorporated or Qualifed			
							08/17/1994			
2. Principal Place of Business - 2a. Mailing Address					-		4: FEI Number	· - -	App	lied For
21							<u>59-3262840</u>			Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27							5. Certificate of Status Desired	_ 1	8.75 Ac Fee Req	
City & State City & State						•	6. Election Campaign Financing		\$5.00 N	May Be
23 28							Trust Fund Contribution		Added to	Fees
Zip	Country Zip			Coun	itry		8. This corporation owes the curre			_
24	25 29 30			30			Personal Property Tax.			□No
-	9. Name and Address of Curren	t Registered A	\gent		3		10. Name and Address of New R	egistered Age	nt	
CUE	NO LINEA			l'	81	Name				
CHENG, LINA				<u> </u>	82	Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
7627 NORTH WEST 36TH AVENUE										
GAINESVILLE FL 32606					83					Į.
					84	City		FL	5 Zip C	ode
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	2 and 607.150 of Florida. Suc tions of, Sectio	8, Florida Statut h change was a n 607.0505, Flo	es, the ab uthorized rida Statul	ove by t tes.	-named corpo the corporation	ration submits this statement for the 's board of directors. I hereby accep	ourpose of cha t the appointment	nging its r ent as reg	egistered istered
SIGNATURE								DATE		
40	Signature, typed or printed name of registered ages			: Registered A	Agent	t signature required	when reinstating) ADDITIONS/CHANGES TO OFF		DIRECTOR	RS IN 12
12.	D OFFICERS AN	ID DIRECTOR.	DELETE	1.1 TIT	F		ADDITIONAL OFFICE AND ALL		Change	Addition
TITLE	CHENG, LINA			1.2 NAM						_
NAME.	TOOT HODTH WEAT SOTH AVE	AJERE				ADDRESS				
OANIEOWILE EL OCCOO				- 1						
CITY-ST-ZIP	D D	<u> </u>	☐ DELETE	1.4 CfT 2.1 TITL		1-232		Г	Change	Addition
TITLE	, -			22 NAM				_		
NAME	ZHANG, LIANYING 7627 NORTH WEST 36TH AVE	NI IE	·			ADDRESS				1
STREET ADDRESS	GAINESVILLE FL 32606	NOE		2.4 CIT						-
CITY-ST-ZIP TITLE	GANGESVILLE I E 32000		☐ DELETE	3.1 TITL	_	1-21-			Change	☐ Addition
NAME				3.2 NA						
STREET ADDRESS	·					ADDRESS				1
CITY-ST-ZIP				3.4. CIT						
TITLE			☐ DELETE	4.1 TITL		,- <u>L</u> n] Change	☐ Addition
NAME				4. 2 NA						
STREET ADDRESS						ADDRESS				Ī
CITY-ST-ZIP				4.4 GIT		i				
TITLE	,	·	☐ DELETE	5.1 TITI			E. L. Address Company	Ţ.) Change	☐ Addition
NAME				5.2 NA						
STREET ADDRESS				5.3 STF		ADDRESS				1
CITY-ST-ZIP					ZCC I	1				
TITLE				5.4 CIT		T-ZIP				1
			☐ DELETE	5.4 CIT 6.1 TITI	Y-ST	T-ZIP] Change	Addition
l .			☐ DELETE		Y-ST LE	T-ZIP	<u></u>] Change	Addition
NAME STREET ADDRESS			☐ DELETE	6.1 TITI 6.2 NAI	Y+ST LE ME	T-ZIP] Change	Addition

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 impowered 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 attacoment with an address, with all other like empowered.

SIGNATURE:

THE REQUIRED NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR