

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 23 AM 11:17

DOCUMENT # P94000062986
1. Corporation Name

Goldum MediTech, INC

SECRETARY OF STATE
JAMES H. ROSE, FLORIDA

Principal Place of Business Mailing Address
6900 S.W. 88th St STE A203
Miami, FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
Sept. 19, 1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 10220 SW 130 St.	26 10220 SW 130 ST	65-0520149	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 N/A	27 N/A	☐	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Miami, Florida	28 Miami, Florida	☐	
Zip	Zip	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☒ Yes ☐ No
24 33176	25 USA	29 33176	30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Chunsong Luo
10220 SW 130 St
Miami, FL 33176

81 Name Chunsong Luo
82 Street Address (P.O. Box Number is Not Acceptable)
10220 SW 130 St
83
84 City Miami, FL 85 Zip Code 33176

11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.

SIGNATURE

CHUNSONG LUO, President

5/11/95

Signature of current registered agent and title if applicable

Signature of new registered agent required when registering

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	☐ Change ☐ Addition
NAME		1.2 NAME	P/T Chunsong Luo
STREET ADDRESS		1.3 STREET ADDRESS	10220 SW 130 St
CITY ST ZIP		1.4 CITY ST ZIP	Miami, FL 33176
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	V/S Linda Hua Zhou
STREET ADDRESS		2.3 STREET ADDRESS	10220 SW 130 St
CITY ST ZIP		2.4 CITY ST ZIP	Miami, FL 33176
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	300001488403
STREET ADDRESS		3.3 STREET ADDRESS	-05/24/95--01073--020
CITY ST ZIP		3.4 CITY ST ZIP	***\$225.00 ***\$225.00
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not include the true description stated in Section 119 (b)(3)(k) Florida Statutes. I further certify that the information indicated on this annual report or supplemental statement of change 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, a person 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 appointment with an address.

SIGNATURE:

CHUNSONG LUO

5/11/95 (305)274-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Chapter 149.001