## 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

DOCUMENT #

P94000066996 (7)

## FILED Mar 06 1998 8:00am Secretary of State

	A H.K. (U.S.) CAPITAL LTD				
Principal Place of Business Mailing Address					alle entre effite Leue feure Alle Joer
4699 N. STATE ROAD 7 9050 NW 28TH STREET. #121 PRESIDENTIAL PLAZA. #C2-3 CORAL SPRINGS FL 33065 TAMARAC FL 33319			DO NOT WRITE IN THIS SPACE		
U\$				3. Date Incorporated or Qualified	
				09/07/1994	
	Place of Business	2a. Mailing Address	rrth ave	4. FEI Number	Applied For
21 1995 Suite, Apt.		26 1005 N.W. Suile, Apt. #, etc.	35 MAYE	65-0537717	Not Applicable
22 Build	ding K	27 Building K		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat  Marg		City & State	F1	6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23) Mary	Country	28 Margate	Country		Added to Fees
24 330	• = 1	_ <del>                                    </del>	30	<ol><li>This corporation owes or has paid the Personal Property Tax due June 30.</li></ol>	Yes No
241 2501	g. Name and Address of Currer		<del>30</del> ,	10. Name and Address of New Register	
	BAO, XIAOYAN		81 Name		
	1899 N. STATE RD. 7		20 Chart out	(D.C. Day M	
SUITE C2-3			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	MARAC FL 33319		83		
•					
•			64 City	F	EL 85 Zip Code
office or sagent. I a	to the provisions of Sections 607.050, registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such cliange was au ations of, Scotion 1907,0505, Flor	s, the above-named corp athorized by the corpora- ida Statutes.	poration submits this statement for the purposition's board of directors. I hereby accept the	appointment as registered
OIGHATOTIC		ent and title it autilicate (NOTE:	Banistered Agent signature requi	(red when reinstating)	7/1998
	Signature, typnd or printed name of registered age	ent and title if a phicipale. (NOTE:	Registered Agent signature requi		AND DIRECTORS IN 12
12.	Signature, typnd or printed name of registered age		Hegistered Agent signature requi	red when reinslating) DAT ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
12.	Signature, typind or printed name of registered age OFFICERS AN	D DIRECTORS	13.		<del></del>
12.	Signature, typind or printed name of registered age OFFICERS AN M GAO, XIAOYAN	D DIRECTORS DELETE	13. 1.1 TITLE		<del></del>
12. TITLE NAME	Signature, typind or printed name of registered age OFFICERS AN	D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME		<del></del>
12. TITLE NAME STREET ADDRESS	OFFICERS AN  M GAO, XIAOYAN 4699 N. STATE RD. 7, #C2	D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		<del></del>
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN  M GAO, XIAOYAN 4699 N. STATE RD. 7, #C2	D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN  M GAO, XIAOYAN 4699 N. STATE RD. 7, #C2	D DIRECTORS DELETE	13, 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN  M GAO, XIAOYAN 4699 N. STATE RD. 7, #C2	D DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AN  M GAO, XIAOYAN 4699 N. STATE RD. 7, #C2	D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN  M GAO, XIAOYAN 4699 N. STATE RD. 7, #C2	D DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN  M GAO, XIAOYAN 4699 N. STATE RD. 7, #C2	D DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN  M GAO, XIAOYAN 4699 N. STATE RD. 7, #C2	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STHEET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		Change Addition  Change Addition  Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AN  M GAO, XIAOYAN 4699 N. STATE RD. 7, #C2	D DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN  M GAO, XIAOYAN 4699 N. STATE RD. 7, #C2	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STHEET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		Change Addition  Change Addition  Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN  M GAO, XIAOYAN 4699 N. STATE RD. 7, #C2	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition  Change Addition  Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN  M GAO, XIAOYAN 4699 N. STATE RD. 7, #C2	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STHEET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	Change Addition  Change Addition  Change Addition  Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME TITLE NAME TITLE TITLE TITLE	OFFICERS AN  M GAO, XIAOYAN 4699 N. STATE RD. 7, #C2	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition  Change Addition  Change Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	OFFICERS AN  M GAO, XIAOYAN 4699 N. STATE RD. 7, #C2	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	400002443: -03/09/9801010	Change Addition  Change Addition  Change Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AN  M GAO, XIAOYAN 4699 N. STATE RD. 7, #C2	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS	Change Addition  Change Addition  Change Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN  M GAO, XIAOYAN 4699 N. STATE RD. 7, #C2	D DIRECTORS  DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	400002443: -03/09/9801010	Change Addition  Change Addition  Change Addition  Change Addition  Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	OFFICERS AN  M GAO, XIAOYAN 4699 N. STATE RD. 7, #C2	D DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE 6.1 TITLE 6.1 TITLE	400002443: -03/09/9801010	Change Addition  Change Addition  Change Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN  M GAO, XIAOYAN 4699 N. STATE RD. 7, #C2	D DIRECTORS  DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	400002443: -03/09/9801010	Change Addition  Change Addition  Change Addition  Change Addition  Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	OFFICERS AN  M GAO, XIAOYAN 4699 N. STATE RD. 7, #C2	D DIRECTORS  DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE 6.1 TITLE 6.1 TITLE	400002443: -03/09/9801010	Change Addition  Change Addition  Change Addition  Change Addition  Addition  Addition

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 informatio 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.

CICHATURE

Xian Yan

Gran

2/27/1998

(954) 968-6695