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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000066996**

1. Corporation Name
CHINA H.K. (U.S.) CAPITAL LTD., INC.

Principal Place of Business	Mailing Address
1995 N.W. 55TH AVE. BUILDING K MARGATE FL 33063 US	1995 N.W. 55TH AVE. BUILDING K MARGATE FL 33063 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/07/1994

2. Principal Place of Business (21)	2a. Mailing Address (26): 9050 N.W. 28th ST.
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27): # 121
City & State (23)	City & State (28): Coral Springs, FL
Zip (24) / Country (25)	Zip (29): 33065 / Country (30)

4. FEI Number: 65-0537717 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. ~~Election Campaign Financing~~ Trust Fund Contribution ☐ **$5.00** ~~May Be~~ Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GAO, XIAOYAN
4699 N. STATE RD. 7
SUITE C2-3
TAMARAC FL 33319

10. Name and Address of New Registered Agent

81 Name: GAO, XIAOYAN
82 Street Address (P.O. Box Number is Not Acceptable): 1995 N.W. 55th AVE
83: Building K
84 City: Margate FL 85 Zip Code: 33063

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: Gao, XIAOYAN — 1-29-1999
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M GAO, XIAOYAN 4699 N. STATE RD. 7, #C2-3 TAMARAC FL 33319	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	M XIN, JIANFEI 1995. N.W. 55th AVE. Building K Margate, FL 33063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GAO, XIAOYAN 1995 N.W. 55th AVE. Building K Margate, FL 33063.	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S CHE, Li 1995. N.W. 55th AVE Building K Margate, FL 33063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: GAO SXIAOYAN SIGNATURE REQUIRED — 1-29-1999 — (954) 968-6695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #