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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

19	996	Section 1	DIVISION OF CO	RPORATIONS	<u> </u>			
DOCUM 1. Corporation N	IENT # PS	94000072	2950 (6)					
Y INTERNATIONAL, INC.					L ARRENDEN 100 (DAN) BAND BAND 1044	L 16 166 91 111 1 17	AR SIEIR IDIĞI"	AINH BAN ILA
Principal Place o	f Business		ng Address					
4640 NW 79 A' SUITE 2D	VENUE		io NW 79 avenue Ite 2D					
MIAMI FL 33166		MIAMI FL 33166 US			3. Date Incorporated or Qualified	3a. Date of Last Report		
US					10/05/1994 4. FEI Number	0	4/27/199 A	pplied For
2. Principal Place			Mailing Address 988 NW	156 Ave	65-0528933			lot Applicable
Suite, Apt. #,	etc.	_	suite, Apt. #, etc.		5. Certificate of Status Desired			Additional Required
City & State			Dity & State	T0	6. Election Campaign Financing	[]		May Be
3 Miam		. 28		ines 11	Trust Fund Contribution 8. This corporation has liability for			1 to Fees 199.032.
zh _ FX	33122 25 Country	Darle 29	ا ع ده و ال ^ا	Country Broward	Florida Statutes Ye	s 🗹 No		
- 1-1	9. Name and Addre	ss of Current Register	red Agent	81 Name	10. Name and Address of New	Registered	Agent	
					/D O. Day Number in Not Accords			
FAN, YU 4640 NW 79TH AVE #2D				82 Street Acidr	idress (P.O. Box Number is Not Acceptable)			
MIAMI FL				83				
				84 City		FL	_ ' '	o Code
CVONIATILIESE	Signature, typed of printed name	of registered agent and liftle if app	ploable NOTE	Rogistered Agent signature recurs	ration submits this statement for the p rd of directors. I hereby accept the ap d when reinstating! ADDITIONS/CHANGES TO OF	DATE	/	
TOLE	VM	OFFICERS AND DIRECT	DELETE	1 1 TiTLE	(**)		Change	Addition
NAME	ZHOU, JIANHUA			1 2 NAME				
STREET ADDRESS		AVENUE SUITE 2D		1.3 STREFT ADDRESS 1.4 CITY - ST - ZIP				
City-St-ZiP Title	MIAMI FL		DELETE	2 1 TITLE	,,		Change	Addition
NAME	TAN VIL	is6 Ave		2 2 NAME				
STREET ADDRESS	Dom hooke	Pines Fl 330	128	2 3 STREET ADDRESS 2 4 CITY+ST-ZIP				
CITY ST-7/P	Tempor -P.	1	DELETE	3 1 TITLE			Change	Addition
NAME				3.2 NAME 3.3 STREFT ADDRESS				
STREET ADDRESS CITY-ST-ZIP				3.4 CITY-\$1-ZIP				
TITLE			DELETE	4 1 TITLE			☐ Change	Addition
NAME				4 2 NAME 4 3 STREET ADDRESS				
STREET ADDRESS CITY: S1-7IP				4.4 CITY - ST-ZIP			F7 0	□ Addition
THE			DELETE	5 1 TITLE			☐ Change	Addition
NAME STREET ADDRESS				5 2 NAME 5 3 STREET ADDRESS				
CITY-ST-ZIF				5.4 CITY- ST- ZIP			Change	Addition
TITLE			☐ DELETE	6 1 TITLE 6 2 NAME			€ Autoride	
NAME STREET ADDRESS				6.3 STREET ADDRESS				
CITY-ST ZIP				64 CITY-ST-7:P	for the exemption stated in Section 1	19 07/3\/k\	florida Stati	utes. I further
certify tha	at the information indicat	nation supplied with this ted on this annual report stor of the corporation or if changed, or on an att	t the receiver or trustee	empowered to execute t	for the exemption stated in Section 1 rate and that my signature shall have this report as required by Chapter 607	, Ftorida Stat	tutes; a nd th	if made under hat my name

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

3/15-/96 (950) U30-743)