CORPORATION
ANNUAL REPORT
1995

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:31

DOCUMENT # P94000089711 (3)

1. Corporation Name
CHINA AIRPORT CONSTRUCTION CORPORATION USA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 811315 BOCA RATON FL 33481	P.O. BOX 811315 BOCA RATON FL 33481

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/09/1994
3a. Date of Last Report: NA

2. Principal Place of Business
21 401 Fairway Drive
22 Suite, Apt. #, etc.
23 City & State: Deerfield Beach, FL
24 Zip: 33441
25 County: Broward

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 County

4. FEI Number: Applied for ☑ Applied For ☐ Not Applicable

5. Certificate 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CARLSON, JULIE M
4530 NORTH FEDERAL HIGHWAY
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name: KARL JOSLOW
82 Street Address (P.O. Box Number is Not Acceptable): 2698 NW 39 ST.
83
84 City: BOCA RATON FL 85 Zip Code: 33434

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: [signature] KARL JOSLOW, ~~vice president~~ Assistant Secretary Treasurer 4/5/95
(Signature and typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MIN, LYNN	12 NAME	
STREET ADDRESS	2698 NW 39 STREET	13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33462	14 CITY-ST-ZIP	
TITLE	VSTD	21 TITLE	☐ Change ☐ Addition
NAME	MIN, JIM	22 NAME	
STREET ADDRESS	2845 HELM COURT #203	23 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL 33462	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] LYNN MIN 4/5/95 (305)427-4727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0438702 FF