

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 29 PM 2:19

DOCUMENT # **P94000091143 (5)**

1. Corporation Name

**HUANGHAI ENTERPRISES, INC. OF USA**

Principal Place of Business

Mailing Address

8502 N. ARMENIA AVE., SUITE 1H  
TAMPA FL 33604

8502 N. ARMENIA AVE., SUITE 1H  
TAMPA FL 33604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/15/1994

2. Principal Place of Business

2a. Mailing Address

21 4310 W Waters AVE # 205  
Tampa FL 33614

26 4310 W Waters AVE # 205  
Tampa FL 33614

4. FEI Number

Applied For

59-3288106

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WANG, CUN YOU  
8502 N. ARMENIA AVE., SUITE 1H  
TAMPA FL 33604

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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 of Registered Agent)

(Signature of Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: President  
NAME: Cunyou Wang  
STREET ADDRESS: 4350 W Waters AVE # 205  
CITY, ST, ZIP: Tampa FL 33614

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP

TITLE: alternate  
NAME: Shuyuan Wang  
STREET ADDRESS: 4350 W Waters AVE # 205  
CITY, ST, ZIP: Tampa FL 33614

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY, ST, ZIP

TITLE:   
NAME:   
STREET ADDRESS:   
CITY, ST, ZIP:

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY, ST, ZIP

TITLE:   
NAME:   
STREET ADDRESS:   
CITY, ST, ZIP:

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY, ST, ZIP

TITLE:   
NAME:   
STREET ADDRESS:   
CITY, ST, ZIP:

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY, ST, ZIP

TITLE:   
NAME:   
STREET ADDRESS:   
CITY, ST, ZIP:

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemptions stated in Sections 119.07(2)(g), Florida Statutes. I further certify that the information was filed 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 in order to file 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)*  
I HEREBY ACCEPT AND PRINT THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Expires: \_\_\_\_\_

**PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.**

**FILING FEE \$200.00**

**ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE  
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE**

**Reminder:**

1. Changes in addresses, etc.
2. Include information in Block 10.
3. Signature of the proper officer or director.
4. Indicate liability for intangible taxes.
5. Submit with total amount due. Filing fee is \$200.00.

- Block 1. Block 1 is preprinted with the name of corporation cannot be changed.
- Block 2. Enter the principal place of business.
- Block 2a. If the computer-entered mailing address is acceptable, check the appropriate box.
- Block 3. Enter the date of incorporation.
- Block 3a. Enter the file date of the last annual report.
- Block 4. Complete Block 4 by entering the name of the officer or director now provide the FEI number.
- Block 5. Should you desire a certified copy of the report, check the appropriate box.
- Block 6. Florida law allows for a voluntary dissolution of the Corporation and members of the Board of Directors.
- Block 8. Check the appropriate box.
- Block 9. The law requires that each officer or director file a statement of interest in Block 10. There is no additional fee for this service.
- Block 10. Enter name of new Registered Agent for THE CORPORATION CAN NOT BE CHANGED.
- Block 11. The new registered agent must sign in Block 11. No signature of the person signing their position with the corporation.
- Block 12. Block 12 contains the last filing date. If there is no change, check the appropriate box.
- Block 13. Block 13 is for changes or additions to the list of officers or directors. Use the following type symbols on the list: P=President; V=positions, e.g., S/D; V/S; I=Intangible taxes pursuant to Section 119.01, the mailing address and "Mailing address is confidential" if applicable.
- Block 14. This report must be signed by the officer or director listed in Block 12, Block 13 if a change of officer or director. A signature placed on an unfiled report does not constitute a resignation.

*Have a great day!  
Thank you very much for registration.*

*ABSO W  
Tampa FL  
33614  
Waters AVE  
Ste 205*

*If there is something, please post this address: my office address has changed. Please attention*

*Dear Sir:  
PAY000091143*

to (United States Bank to Department of State.)  
as previously reported to our office. The name  
previously reported, in Block 2.  
e Box is acceptable.  
"applied for" is preprinted in Block 4, you must  
5 and include an additional \$8.75 with your filing  
political campaigns for the offices of the Governor  
Block 9 is incorrect, enter the correct information  
service is NOT acceptable for service of process.  
appointments and this appointment by completing and  
erent corporation, the person signing must state  
Block 12, corrections or additions are to be made in  
nd legible. Use the following type symbols on the  
'a person holds more than one position, enter all  
TE: If officer or director's address is confidential  
et addresses. If there is no street address, enter  
asurer or Director of the Corporation that is listed  
ver, it must be signed by the trustee or receiver.

confidence to this address:  
elivery):

Send only 1995 Preprinted with stub and check to:  
Division of Corporations  
Annual Reports  
Post Office Box 1500  
Tallahassee, Florida 32302  
Phone Number: (904) 487-

If the check submitted with this report, it will dissolve the corporation.

The Department of State will administratively dissolve the corporation in the prescribed time frame.