

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moitham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000002436 (0)
 1. Corporation Name
AEROMATRIX, INC. (USA)

Principal Place of Business	Mailing Address
2315 N.W. 107 AVE 1M33, BOX 139 MIAMI FL 33172	2315 N.W. 107 AVE 1M33, BOX 139 MIAMI, FL 33172

3. Date Incorporated or Qualified 01/10/1995	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address
21 3012 N.W. 72nd AVE Suite, Apt. #, etc.	26 3012 N.W. 72nd AVE Suite, Apt. #, etc.
22 City & State 23 MIAMI, FLORIDA	27 City & State 28 MIAMI, FLORIDA
24 Zip 33122 25 Country USA	29 Zip 33122 30 Country USA

4. FEI Number 65-0547953	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

TU DAVID
3111 STIRLING ROAD
FORT LAUDERDALE 33312

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

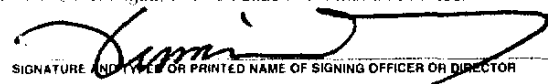
TITLE	D <input type="checkbox"/> DELETE
NAME	XU, MING
STREET ADDRESS	3012 N.W. 72nd AVE
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	D <input type="checkbox"/> DELETE
NAME	CAO, BAIYUN
STREET ADDRESS	3012 N.W. 72nd AVE
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	O <input type="checkbox"/> DELETE
NAME	LIAN SONG
STREET ADDRESS	3012 N.W. 72nd AVE
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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*****165.00**

14. I do 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.

SIGNATURE:  **4/14/97**
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)