


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

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Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *P 95000009486*

1. Corporation Name

XIN HONG INTERNATIONAL TRADE CORPORATION (USA)

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>6950 CYPRESS ROAD</i> Suite, Apt. #, etc. 22 <i>#208-15</i> City & State 23 <i>PLANTATION, FL</i> Zip 24 <i>33317</i> Country 25 <i>BROWARD</i>		2a. Mailing Address 26 <i>6950 CYPRESS ROAD</i> Suite, Apt. #, etc. 27 <i>#208-15</i> City & State 28 <i>PLANTATION, FL</i> Zip 29 <i>33317</i> Country 30 <i>BROWARD</i>		3. Date Incorporated or Qualified <i>2/6/95</i>		4. FEI Number <i>65-0566921</i>		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	<i>WANG, MING C.</i>
82 Street Address (P.O. Box Number is Not Acceptable)	<i>6950 CYPRESS ROAD</i>
83	<i>#208-15</i>
84 City	<i>PLANTATION FL</i>
85 Zip Code	<i>33317</i>

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 *Ming C. Wang* (NOTE: Registered Agent signature required when reinstating) *100002483511*
 Signature: Typing or printed name of registered agent and title if applicable. DATE *04/15/98*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<i>WU, TIEJUN</i>
STREET ADDRESS		1.3 STREET ADDRESS	<i>6950 CYPRESS RD #208-15</i>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<i>PLANTATION, FL 33317</i>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<i>ZHANG, ZHIHUI</i>
STREET ADDRESS		2.3 STREET ADDRESS	<i>6950 CYPRESS RD #208-15</i>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<i>PLANTATION, FL 33317</i>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<i>WU, SHANSHENG</i>
STREET ADDRESS		3.3 STREET ADDRESS	<i>6950 CYPRESS RD #208-15</i>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<i>PLANTATION, FL 33317</i>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<i>SHANG, BOHANG</i>
STREET ADDRESS		4.3 STREET ADDRESS	<i>6950 CYPRESS RD #208-15</i>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<i>PLANTATION, FL 33317</i>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<i>SUN, JIANYANG</i>
STREET ADDRESS		5.3 STREET ADDRESS	<i>6950 CYPRESS RD #208-15</i>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<i>PLANTATION, FL 33317</i>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<i>MEL, SHAO-ZHL</i>
STREET ADDRESS		6.3 STREET ADDRESS	<i>6950 CYPRESS RD #208-15</i>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<i>PLANTATION, FL 33317</i>

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.

SIGNATURE: *Shansheng Wu* *SHANSHENG WU* x 4-6-98. (954) 791-2061
 Signature: Typing or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/97)