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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000030618 (9)

1. Corporation Name
U.S. WINNERS DEVELOPMENT, INC.

Principal Place of Business
C/O PEDERSEN, CAROLY
1140 NE 163 ST., #9
NORTH MIAMI BEACH FL 33162
US

Mailing Address
C/O PEDERSEN, CAROLY
3111 STIRLING RD.
FT. LAUDERDALE FL 33312-6566
US



3. Date Incorporated or Qualified 04/19/1995
3a. Date of Last Report 04/29/1996

2. Principal Place of Business
21 C/O ZHAO, JIANPING

2a. Mailing Address
26 C/O ZHAO, JIANPING

4. FEI Number 65-0578969
Applied For Not Applicable

22 1140 NE 163 ST., 25
City & State

27 1140 NE 163 ST., 25
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 N. MIAMI BEACH FL
Zip 33162 Country

29 N. MIAMI BEACH FL
Zip 33162 Country

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

10. Name and Address of New Registered Agent

PEDERSEN, CAROLY E
3111 STIRLING RD.
FT. LAUDERDALE FL 33312

81 Name ZHAO, JIANPING
82 Street Address (P.O. Box Number is Not Acceptable) 1140 NE 163 ST., 25
83
84 City NORTH MIAMI BEACH FL 85 Zip Code 33162

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 *Jianping Zhao* 4-15-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	ZHAO, JIANPING	
STREET ADDRESS	1140 NE 163 ST., #9	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WANG, LONGJUN	
STREET ADDRESS	1140 NE 163 ST., #9	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WANG, FANG JING	
1.3 STREET ADDRESS	1140 NE 163 ST., 25	
1.4 CITY-ST-ZIP	NORTH MIAMI BEACH FL	
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		

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: *Jianping Zhao* 04-02-97 (305) 940-1539
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)