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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000033155 (9)

SINO - US MARKETING GROUP, INC.

FILED May 01 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 13311-A THOMASVILLE CIR 13311-A THOMASVILLE CIR TAMPA FL 33617 5523						
					3. Date Incorporated or Qualified 04/24/1995	3a. Date of Last Report 08/05/1996
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21	4	26			59-3343222	Not Applicable
Suite, Apl	t #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Sta 23	He	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z(p)	Country 25	Zip 29	Coun 30	try		Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent
	MEDIO, GENE			11 Name		
13311-A THOMASVILLE CIR TAMPA FL 33617			[Street Add	lress (P.O. Box Number is Not Acceptat	ole)
			Ē	3	······································	
			8	4 City		FL 85 Zip Code
11. Pursuan office or	it to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607.1508, Florida Statu of Florida, Such change was	tes, the abo authorized	ove-named cor by the corpora	poration submits this statement for the pation's board of directors. I hereby accept	
agent. I SIGNATURE	ani familiar with, and accept the oblig	gations of, Section 607.0505, Fi	iorida Statu	les.		
<u></u>	Signature, typed or pointed name of registered ag			Agent signature requ	ulred when reinstaling)	DATE
12.	OFFICERS AN	ID DIRECTORS	13.	T	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	TIAN, REN SHU	□ prt	1.2 NAM	ì		Colondo Colono (
STREET ADDRESS			1,3 STR	ET ADDRESS		
CITY - S1 - ZIP	HARBIN CH		1.4 CITY	-ST-7/P		
Talle	DMP	☐ DELETE	2.1 TITL	E		Change Addition
NAME	RIMEDIO, GENE	-	22 NAN	IF		**
STREET ADORESS	13311A THOMASVILLE CIRCL TAMPA FL	E		EET ADDRESS		
CITY-ST-ZIP	IAMFA FL	[] oriete		Y - ST - ZIP		
TUTLE	WEN, TANG JING	DELETE	3,1 TITL	1		Change Addition
NAME CARLEL ADDRESSES	MANOAND DICTOICT		3.2 NAM			
STREET ADDRESS CHY-S1-2IP	HARBIN CH			EET ADDRESS Y-ST-ZIP		
101.E		DELETE	4.1 TITL			Change Addition
NAME		-	4.2 NA	ì		
STREET ADORESS	3			EET ADDRESS		
City \$1-2iF				-ST-ZIP		
TITLE		DELETE	5.1 TITL			Change Addition
NAME			5.2 NAN	IE .		
STREET ADDRESS	5		5.3 STR	EET ADDRESS		
City - St - ZiP				-ST-ZiP		
THILE		DELETE	6.1 TITL	1		Change Addition
NAME			6.2 NAN			
STREET ADDRESS	\$			EET ADDRESS		Ì
CITY ST-ZiP			64 CIT	-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.