## **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 # P95000043000 (5)

EASYSOFT INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

966 S.W. 150TH TERRACE

966 S.W. 150TH TERRACE

## **FILED** May 02 1997 8:00am Secretary of State



FI. LAUVENUAL	LE FL SONEO	FI. CAUDENDALE PE 300	20-1000				
					3. Date Incorporated or Qualified 06/02/1995	3a. Date of L 04/26/19	
2. Principal Pla	ace of Business	2a. Mailing Address	with.	street-	4. FEI Number		Applied For
1 2 00	W. 76 STIEEL		/0	211441	65-0595221		Not Applicable
Suite, Apl 4 22 Suite		Suite, Apt. #, etc.	04		5. Certificate of Status Desired		.75 Additional ee Required
City & State		City & State 28 Hialeah	ا ر	FL	Election Campaign Financing     Trust Fund Contribution		5.00 May Be dded to Fees
Zip 4 33 0	Country	Zip 29 33016	Coun	Try S A	This corporation has liability for Florida Statutes	intangible tax un Yes 🔲 No	ider s. 199.032,
4 350	9. Name and Address of Curr		1301		10. Name and Address of New R		
SUN	, WEI		6	Name	<u> </u>	<del></del>	
	S.W. 150TH TERRACE		\\				
	AUDERDALE FL 33326		١	Street Add	ess (P.O. Box Number is Not Accepta	ble)	
, , ,	STOPENDALE I E GOOLG		ε	33	X	<u></u>	***************************************
			Ē	34 City		F1 85	Zip Code
11. Pursuant t	o the provisions of Sections 607.0	1502 and 607 1508. Florida Statu	ites the abo	ve-named coro	oration submits this statement for the		ning its registered
office or re agent. Lar	egistered agent, or both, in the Sta n familiar with, and accept the ob-	ale of Fiorida. Such change was ligations of, Section 607.0505, F	authorized lorida Statu	by the corporations	oration submits this statement for the ion's board of directors. I hereby acce	pt the appointme	ent as registered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NO	TE: Registered	Agent signature require	ed when reinstating)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		
TILE	PTSD	DELETE	1.1 <b>T</b> (T)			[_] Cr	nange 🔣 Addition
NAME	SUN WEI		1.2 NAM	⊮   <b>5</b> ₹	ha Guo	suite 4	04
STREET ADDRESS	966 S.W. 150TH TERRACE		1.3 STR	EET ADDRESS   🏖 🖡	OD WI /V "II.	-	•
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City-St-Zif			4.4 CHY	Y - ST - ZIP			
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G-TY-ST-20P		1,1	5.4 CITY	Y-ST-ZIP			
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NAME		1. 1	6.2 NAN	AE	**************************************	A.	
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CITY-ST-ZIF		144		Y-ST-ZIP	·	1	
	w certify that the information supp	lied with this filing does not qua			Lin Section 119 07/3)(i) Florida Statut	es I further certif	v that the

Too mereby certify that the information supplies with this property of the composition of the same legal effect as if made under early; 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 early; that I am an other 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.