


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

FILED

Apr 01 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P95000043492 (4)**

1. Corporation Name:
SHANDONG BUSINESS GROUP, INC.



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| Principal Place of Business 9325 S.W. 77 AVE. #143 MIAMI FL 33156 US | Mailing Address 9325 S.W. 77 AVE. #143 MIAMI FL 33156 US |
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DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business 21 9370 SW 72 ST Suite, Apt. #, etc. 22 A 270 City & State 23 MIAMI, FL Zip 24 33173 | 2a. Mailing Address 26 9370 SW 72 ST Suite, Apt. #, etc. 27 A 270 City & State 28 Miami, FL Zip 29 33173 Country 30 DADE |
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| | | |
|--|--|---|
| 3. Date Incorporated or Qualified 06/06/1995 | 4. FEI Number 65-0588025 | 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent
**HOU, QIKE
9325 S.W. 77 AVE. #143
MIAMI FL 33156**

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|---|
| 10. Name and Address of New Registered Agent 81 Name HOU, QIKE 82 Street Address (P.O. Box Number is Not Acceptable) 9345 SW 77 AVE #100 83 84 City MIAMI FL 85 Zip Code 33156 |
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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 
Signature of person named in Block 9 or Block 10, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Mar 26 98

| 12. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOU, QIKE 9325 S.W. 77 AVE. #143 MIAMI FL <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CONG, YADONG 9325 S.W. 77 AVE. #143 MIAMI FL <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | D HOU, QIKE 9345 S.W. 77 AVE. #100 Miami FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | D Cong, Yadong 9345 S.W. 77 AVE. #100 Miami FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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, on an attachment with an address.

SIGNATURE 
Signature of person named in Block 9 or Block 10, if applicable

CR2E034 (10/97)