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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000047738 (6)

CYRETRONX, INC.

FILED Apr 02 1998 8:00am Secretary of State

* ********** **** ***** ***** *****	

Principal Place	e of Business	Mailing Address		· -	
767 S STATE SUITE 22-E MARGATE FL US		PO BOX 734 BOCA RATON FL 33429 US			DO NOT WRITE IN THIS SPACE
05					3. Date Incorporated or Qualified 06/16/1995
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0591713 Not Applicab
Suite, Apt		Suite, Apt. #, etc. 27			5. Certificate of Status Desired See Required Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip	Country	Zip	Country	4	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No
24	25 9. Name and Address of Curren	29 30 t Registered Agent	<u> </u>		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
7H/	ANG, XINGWEI		81	Name	
	178 SW 57 AVE #202		82	Street A	Address (P.O. Box Number is Not Acceptable)
BO	CA RATON FL 33428		-		
			83	•	
			84	City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named (cornoration submits this statement for the purpose of changing its registere
i office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was auth	horized b	y the corp	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registrired ager OFFICERS AND		legistered Ag	ent signature i	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D OFFICERS AND	DELÉTE	1.1 TITLE	<u>-</u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	XINGWE, ZHANG	_	1.2 NAME	İ	
STREET ADDRESS	23378 SW 57TH AVE SUITE 2	02	1.3 STREE	T ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	T on ore	1.4 CiTY-	ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE 2.2 NAME	ļ	Change Additio
STREET ADDRESS				T ADDRESS	
CITY-S1-ZIP			2.4 CITY-		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			1	T ADDRESS	
CITY-ST-ZIP		☐ DELETE	3.4. CHTY-	ST-ZIP	Change Addilio
NAME		_ otter	4. 2 NAME	.	
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY-	ST-21P	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	1	
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - 6.1 TITLE	31 - ZIP	Change Addition
NAME		_	6.2 NAME		
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			6.4 CITY		
14. I hereby c	sertify that the information supplied wi	th this filing does not qualify for t	he exemp	otion state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio

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 app Block 12 or Block 13 if changed, or on an attachment with an address.