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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 25 1998 8:00am

Secretary of State

3/17/98

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000052476 (5)

RZ ENTERPRISES OF AMERICA, INC.

Principal Place of Business Mailing Address						ı indisidiri dile sanar dirisi daliri basırı daliri daliri disin sırın diriri dakin dirir tedir
1172 SOUTH	DIXIE HIGHWAY	1172 SOUTH DIXIE HIGH	WAY			
405 MIAMI FL 33148		405 Miami Fl. 33146				DO NOT WRITE IN THIS SPACE
US		U\$	U\$			3. Date Incorporated or Qualified
						07/07/1995
	lace of Business	<u></u> ⊢ ·	2a. Mailing Address			4. FEI Number Applied For
21 Suite Ant	# Ata	Suite, Apt. #, etc.				65-0594426 Not Applicable
Suite, Apt.	#, BIC.					5. Certificate of Status Desired See Required
City & State			City & State			
23	•	<u>├</u> ─┐ '	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip				8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30.
	9. Name and Address of Curr					10. Name and Address of New Registered Agent
ZH	OU, REN		1	81	Name	
14000 CW 150 CYDEET				82	Street A	Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33157					0.,000,	
			[1	83		
			ŀ	84	City	85 Zip Code
			[٦.	Ony	FL S Zip code
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.						
•	in terminal with, and accept the oc	inganoria di, dectical doi .0303, Fid	onda State	100.		
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NOTE	: Registered	Agen	t signature	required when reinstating) DATE
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	DELETE	1.1 TITL	.E		Change Addition
NAME	ZHOU, REN		1.2 NAN	1.2 NAME		
STREET ADDRESS	1172 SOUTH DIXIE HIGHW		1.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146		1.4 City-St-Zip		-ZIP	
TITLE	DELETE 2.1 TO			.E		☐ Change ☐ Addition
NAME			2.2 NAN	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		NODRESS	
CITY-ST-ZIP				2.4 CITY-ST-ZIP		
TITLE		☐ DELETE 3.1 1		.E		L Change Addition
NAME	3.2		3.2 NAM	Æ		ļ
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				3.4. CITY-ST-ZIP		Change Addition
TITLE		רו הנונונ	4.1 TITL			☐ Change ☐ Addition
NAME expect approved			4, 2 NA		.DDRESS	,
STREET ADDRESS			4.4 CiTY			
CITY-ST-ZIP		DELETE	5.1 TITL		- ZIP	Change Addition
NAME			5.1 MAN			
STREET ADDRESS					VDDRESS	SH13/25
CITY-ST-ZIP	{		5.4 CITY-ST-ZIP		- 1	1117
TITLE		DELETE 61 TH		_		annonage Addition
NAME			6.2 NAME			300002468585 □ Addition -03/26/9801006010
STREET ADDRESS			6.3 STREET		DDRESS	***150.00
CITY-ST-ZIP			6.4 CITY-S			₁₁₩₩ I JU • UU
14. I hereby c	ertify that the information supplied	with this filing does not qualify to	r the exer	npti	on state	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.						