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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000066848

1. Corporation Name

HUA XIA, INCORPORATED

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90113 018 \*\*\*150.00



Principal Place of Business Mailing Address						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1567 E. SILVER STAR RD. OCEE FL 34761		1567 E. SILVER STAR RD. OCEE FL 34761			DO NOT WRITE IN THIS SPACE				
	•					3. Date Incorporated or Qualifed 08/28/1995			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For				
21		26				59-3361596		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	3	City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Zip	Country	Zip	Count	try		8. This corporation owes the current ye		<b>3</b>	
24	25	29 30				Personal Property Tax.	☐ Yes	XI No	-
	9. Name and Address of Current	Registered Agent		. ,		10. Name and Address of New Regist	ered Agent		4
			8	31 Name					ļ
-	NG, FAT C ! ORANGE COVE DRIVE	82 Street A		Addre	ss (P.O. Box Number is Not Acceptable)			1	
	ANDO FL 32819		8	33		<u> </u>			1
01,0			L					- C-do	4
			٦	34 City			FL  85   Z	p Code	1
affina ar r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such chande was autho	nzea c	ov the corp	corpo oration	ration submits this statement for the purpor's board of directors. I hereby accept the	se of changing appointment as	its registered registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regi	stered A	gent signature	required	when reinstating) DA			1 8
12.	OFFICERS AND		13.		т	ADDITIONS/CHANGES TO OFFICER	RS AND DIREC		
TITLE	Р	☐ DELETE	1.1 TITLE				∟ Chang	e	}
NAME	CHENG, FAT CHIU		1.2 NAM		ļ				
STREET ADDRESS	6422 ORANGE COVE DRIVE			EET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32819			/-ST-ZIP			Chang	e Addition	1 ;
TITLE	V	☐ DELETE	2.1 TITL					e Chadison	
NAME	ZHENG, FA YANG		2.2 NAM	-					1
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CITY-ST-ZIP	ORLANDO FL 32819			Y-ST-ZIP	-		Chang	e Addition	┨
TITLE	S		3.1 TITLI						1
NAME	HUANG, YU E.		3.2 NAM						
STREET ADDRESS	6422 ORANGE COVE DRIVE	•		EET ADDRESS	'				1
CITY-ST-ZIP	ORLANDO FL 32819	DELETE	4.1 TITL	Y-ST-ZIP			☐ Chang	e Addition	1
TITLE		_ Osce/ie	4. 2 NAA						
NAME		1		EET ADDRESS	.				1
STREET ADDRESS					'				
CTY-ST-ZIP		DELETE	5.1 TITL	(-ST-ZIP F	1		Chang	ge Addition	1
TITLE			5.2 NAM						
NAME CTREET ADDRESS				EET ADDRESS					1
STREET ADDRESS		j		Y-ST-ZIP	1				-
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITL		1		☐ Chang	ge Addition	7
NAME			6.2 NAM	Æ.	1				Į
PER VOIDERS			6.3 STR	EET ADDRESS	;				[

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 Statutas. 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 ampowered 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: W

STREET ADDRESS

CITY-ST-ZIP

TATE CHILL CHEWY

407-291-0100