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

PROFIT CORPORATION ANNUAL REPORT 🕏



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED Apr 23, 1999 8:00 am Secretary of State

W.	1999	DIVISION OF CO		04-23-1999 90068 044 ***150.00
	MENT # P95000 0	071612		
LIU-PAN,	í		•	
			•	
Principal Place	e of Business	Mailing Address		
		1221 E ROBINSON ST ORLANDO FL 32801	, 	DO NOT WRITE IN THIS SPACE
	ما الما الما الما الما الما الما المستنبيل المستنبيل المستنب الما الما المستنبيل المستنبيل المستنبيل المستنبيل			3. Date Incorporated or Qualifed 09/14/1995
2. Principal Pl	lace of Business	2a. Mailing Address	C.L	4. FEI Number Applied For
	W. Pine St.	26 124 W.Pm	l ST	59-3399590 Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	27 PG		5. Certificate of Status Desired Fee Required
City & Stat	е	City & State	-	6. Election Campaign Financing S5.00 May Be
23 OY 10		28 Oclando,		Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible
Zip 24 328 0	Country [25] USA	29 3280	Country	Personal Property Tax.
24 3 - 00	9. Name and Address of Current			10. Name and Address of New Registered Agent
FON	G, MARGARET		81 Name	SIU, Rachel L.
	E ROBINSON ST		82 Street	Address (P.O. Box Number is Not Acceptable) 100 Old Howell Branch Rd
	ANDO FL 32801	-	ופסו	
J		2	V	Vinter park
	·	. 6	84 City	Winter Dark FL 85 Zip Code 32792
_11Pursuant	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 pration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligation	ons of Section 607.0505, Florid	a Statutes.	2/2/1/09
SIGNATURE	rachel	and title if applicable. (NOTE: Re	gistered Agent signature re	activities when reinstation)
12.	Signature, typed or printed name of registered agon. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VSD →	☐ DELETE	1.1 TITLE	Change Addition
NAME -	SUN, CHIN-CHIN		1.2 NAME	5100 Old Howell Branch Rd
STREET ADDRESS	1221-E ROBINSON STREET		1.3 STREET ADDRESS	Winter Park, FG 32792
CITY-ST-ZIP	ORLANDO FL PD	☐ DELÉTÉ	1.4 CITY-ST-ZIP 2.1 TITLE	Winter Park, FC 32792 Addition
NAME	YIHONG QIAN			
STREET ADDRESS	1221 E ROBINSON ST		2.3 STREET ADDRESS	5100 old Howell Branch Kal
CITY-ST-ZIP	ORLANDO FL 32801		2.4 CITY-ST-ZIP	White Park, 12 32792
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME	}		3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP)
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
-NAME			4. 2 NAME	
STREET ADDRESS	/	7	4.3 STREET ADDRESS	
CITY-ST-ZIP		/	4.4 CITY-ST-ZIP	[] Change [] Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	Change Addition
NAME			5.3 STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			5.4 CITY-ST-ZIP	/
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
			6.4 CITY-ST-ZIP	/

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, or on appetition that my name appears in the empowered.

SIGNATURE: