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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000077718 (1)

T&S TEAM, INC. Mailing Address

Principal Place of Business

2. Principal Place of Business

Sulte, Apt. #, etc.

10829 VIA DEL SOL ORLANDO FL 32817

是有更好。其他一句是是是是是一种的人,我们就是我们的是是我们的是我们的,我们就是我们的,我们也不是一个,我们也是我们的,我们也会是我们的,我们也会是我们,也可以是 第一个一句是是我们的,我们就是我们的,我们就是我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们也会是我们的,我

1.00

10629 VIA DEL SOL ORLANDO FL 32817-3369

2a. Mailing Address

Suite, Apt. #, etc.

FILED Apr 21 1997 8:00am Secretary of State



3a. Date of Last Report

Applied For

Not Applicable

04/09/1996

3. Date Incorporated or Qualified

10/05/1995

59-3338044

5. Certificate of Status Desired

4. FEI Number

22]		[27]				(i* Fee	required	
City & State		City & State	F-3		6. Election Campaign Financing Trust Fund Contribution			
Zlp	Country	Zip	Coun	try	8. This corporation has liability for inter	ngible tax under	s. 199.032	
24	25 29 30		30		Florida Statutes Yes No			
	9. Name and Address of C	Current Registered Agent			10. Name and Address of New Regist	ered Agent		
	O, HUAGUO		8	Name			•	
10629 VIA DEL SOL				Street Addross (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32817					,			
			Įŧ	33				
				34 City		85 Zii	p Code	
			[`		,	FL "	,, 0000	
office or r	to the provisions of Sections 60 egistered agent, or both, in the m familiar with, and accept the	State of Florida. Such change	was authorized	by the corporat	poration submits this statement for the purpition's board of directors. I hereby accept the	e appointment a	as registered	
SIGNATURE		Chao	(NOTE: Registered	Agent signature requi		4/12/	97	
12.		RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	ORS IN 12	
TITLE	PT	☐ DELE	TÉ 1.1 THTL	f T		☐ Change	ORS IN 12	
NAME	CHAO, HUAGUO		1.2 NAN	SC				
STREET ADDRESS	10629 VIA DEL SOL		13 STR	EET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32817		1.4 CITY	'-ST-ZIP				
TITLE		DELE:	E 211111	F		Change	B Addition	
NAME			2.2 NAM	it			1	
STREET ADDRESS			2.3 STR	EET ADDRESS			ļ	
CITY-\$1-ZIP			2.4 011	Y-S1-ZIP	<u> </u>	•		
TITLE		☐ DELE	IE 3.1 TITL	E J		Change	e 🔲 Addition	
NAME			3.2 NAM	16				
STREET ADDRESS			3.3 STR	FET ADDRESS				
CITY-ST-ZIP				Y - ST - ZIP				
TITLE		DELE	l	1		Change	e 🔲 Addition	
NAME			4.2 NA	ME				
STREET ADDRESS			4.3 STRI	EET ADDRESS				
CITY-ST-ZIP		Попе		'-SI-7IP				
TITLE		☐ DEFE.		J		∐ Change	e [] Addition	
NAME			5.2 NAM					
STREET ADDRESS			i i	F1 ADDRESS				
CITY-ST-ZIP		DELE		·SI-ZIP		Change	e	
TITLE			1			Спануе	, Modition	
NAME	\$		6.2 NAM				İ	
STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,		- 1	E1 ADDRESS				
CITY-ST-ZIP	ov certify that the information s e	ipplied with this filing does not	6.4 City quality for the e		in Section 119.07(3)(i), Florida Statutes. I f	urther certify the	at the	
Informatio I am an of appears in	n Indicated on this annual repo fficer or director of the corporat n Block 12 or Block 13 if chang	ort or supplemental annual repo tion or the receiver or trustee e	ort is true and ac mpowered to ex in address.	curate and that ecute this repor	my signature shall have the same legal offit t as required by Chapter 607, Florida Statu	ect as if made u	inder oath; that	
SIGNAT	URE:	margues in		. 1	Lan	610. 204	()	