SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOEDOODZO490 (0)

FILED Sep 03 1997 8:00am Secretary of State

1. Corporation	Z CORPORATION	0019402 (2)			
Principal Place	of Business	Mailing Address			FBIN BBIN 18818 1884 BISS IBRI 1878
11830 SW 104TH LANE		11830 SW 104TH LANE	11890 SW 104TH LANE		
MIAMI FL 33186		MIAMI FL 33186		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				·	,
2. Principal Place of Business		2a. Mailing Address		10/13/1995 4. FEI Number	05/01/1996 Applied For
21		26		65-0616469	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			¢0.75
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation owes or has	- · - · ·
24	25	29	30	Personal Property Tax due Jui	
	g. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New I	registered Agent
ZHOU, LIN			1 Italio		
11830 SW 104TH LANE			82 Street Addr	ress (P.O. Box Number is Not Accept	able)
MIA	MI FL 33186		83		
			84 City		FL 85 Zip Code
SIGNATURE			es, the above-named corp authorized by the corporat rida Statutes.	ooration submits this statement for the tion's board of directors. I hereby acc	
	Signature, typed or printed name of registered as		Flegistried Agent signature requir		DATE
12.	PSTD OFFICERS AF	VD DIRECTORS DELFTE	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12 Change Addition
TITLE NAME	ZHOU, LIN		1.2 NAME		C orange C Addition
STREET ADDRESS	11830 SW 104TH LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY - ST - ZIP		
TITLE	INDAME I L 30 TOO	DELE TE	21 1ITLE		Change Addition
NAME		<u></u>	2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			33 STHEET ADDRESS		
CITY-SY-ZIP			3 4. CITY-ST-ZIP		
TITLE		DELETE	41 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STHEET AUDRESS		
CITY-ST-ZIP			4.4 CHY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		,
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 THEF		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS		1	63 STHEET ADDRESS 64 CITY-ST-ZIP		

Information indicated on this annual report or surplicements 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 convertion or the receipt 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 phanged, or on an areachment with an address.