

**PROFIT CORPORATION ANNUAL REPORT 1996**

FLORIDA DEPARTMENT OF STATE  
Sandra B. Murrah  
Secretary of State  
DIVISION OF CORPORATIONS



**DOCUMENT # P95000090214**  
1. Corporation Name  
**Trans Century Co., Inc.**

Principal Place of Business: **4100 NE 2nd Ave. Ste 301 Miami, FL 33137**  
Mailing Address: **c/o Caroly Pedersen 3111 Stirling Rd 333 Ft. Lauderdale, FL 33312**

2. Principal Place of Business: **4100 NE 2nd Ave. Ste 301 Miami, FL 33137**  
2a. Mailing Address: **c/o Caroly Pedersen 3111 Stirling Rd. Ft. Lauderdale, FL 33312**

3. Date incorporated or Qualified: **11/28/95** 3a. Date of Last Report: **N/A**  
4. FET Number:  Applied For /  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes:  Yes /  No

9. Name and Address of Current Registered Agent  
10. Name and Address of New Registered Agent  
81 Name: **Caroly Pedersen, Esq.**  
82 Street Address (P.O. Box Number is Not Acceptable):  
83 **3111 Stirling Rd.**  
84 City: **Ft. Lauderdale** FL 85 Zip Code: **33312**

11. Pursuant to the provisions of Sections 607.0501 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.  
SIGNATURE: **Caroly Pedersen** **Caroly Pedersen** 4/22/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME		12. NAME	<b>D</b>
STREET ADDRESS		13. STREET ADDRESS	<b>Zou, Jiangjin 4100 NE 2nd Ave. Ste 301, Miami, FL 33137</b>
CITY-ST-ZIP		14. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-ST-ZIP		24. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

**100001837041**  
**-05/23/96--01056--017**  
**\*\*\*200.00**

**5-23-96**  
**AEB**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 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.

SIGNATURE: **Jiangjin Zou, Jiangjin Dir.** 4/22/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRP0004 (1/2/95)