PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

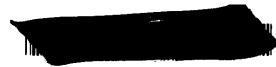
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #
Corporation Name To Tongda (U.S.) International, Inc.

FILED May 27 1998 8:00am Secretary of State



Principal Plac	e of Business E. 167th Ave.	Mailing Address						
#111	B. Toyon Ave.	same as p] n n n	of huc	1120			
	Mi a mi Beach	same as place of busine) T 116	DO NOT WRITE IN THI	S SPACE	
	a, 33162							
1 101 10	4, 7,102					Date incorporated or Qualified 12/13/95		
2 Principal P	lace of Business	2i. Mailing Address				, FEI Number	A	Applied For
21		26			Ì	65-0657754		lot Applicable
Suite, Apt.	#. etc	Suite, Apt #, etc.				: Certificate of Status Desired	\$8.75	Additional
22		27				Carringale of Status Desired	Fee P	Required
City & State	0	City & State				Election Campaign Financing		May Be
Zip	Country	28 Zip	Cou	untry		Trust Fund Contribution		to Fees
24	25	29	30	an itr y		 This corporation owes or has paid the of Personal Property Tax due June 30. 		ntangible D No
<u> </u>	Name and Address of Current		301]		1: Name and Address of New Registere		
Ant	hony M. Chang			81 Name	Δnt	thony M. Chang		
73110.	nony m. onang			82 Street				
ı					33"	N.W. Box Number is Not Acceptable)		
ı				83				
ı				B4 City			00 7/n	Code
					ora:	l Springs 🖡	L 85 Z/3	33671
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida St.	alutes, the a	bove-name	d corpor	ation submits this statement for the purpose	of changing	its registered
agent. I a	m tamiliar with, and accept the obliga		as autrioriza florida Stat	tutes.	poration	n's board of directors. I hereby accept the ap		s registered
SIGNATURE	_ Curst	1000				when reinstating) DATE	<u> </u>	
-	Signature: typiod or printed name of regime ed agen OFFICERS AND			d Agent signatur	e required	`		
TITLE	D OFFICERS AND	DIRECTORS	13. 1.1 Ti	TLE	T -		2 Change	Addition
NAME	Anthony M. Chang	/ -/	1.2 N		AKt	hony M. Chang	C Grianigo	L. Addition
STREET ADDRESS	11133 NW 2nd Cou	n+		reet address	111	.33 NW 2nd Court		
CITY-ST-ZIP	Coral Springs, F			ITY-ST-ZIP	Cor	al Springs, Fl 33071	L	
TITLE	ANTAL PATTINGS T	DELETE	2.1 TI		 		Change	Addition
NAME	•		22 N	AME			_ ,	_
STREET ADDRESS			2.3 \$1	REET ADDRESS				
CITY-ST-ZIP			2.40	ITY-ST-ZIP				
TITLE		☐ DELETE	3.1 70	TLE			Change	Addition
NAME			3.2 N	AME				
STREET ADDRESS			3.3 ST	REET ADDRESS				
CITY-ST-ZIP			3.4. C	ITY - S1 - ZIP				
TITLE		☐ DELETE	4.1 Ti	TLE			Change	Addition
NAME			4. 2 N		1			
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP		11 52.222		TY-ST-ZIP	ļ			
TITLE		DELETE	5.1 111		1		L Change	Addition
NAME		•	5.2 NA					
STREET ADDRESS			•	REET ADDRESS				
CITY - ST - ZIP		DELETE		TY - ST - ZIP	 		T et :	11440
TITLE		☐ DELETE	6.1 TrT			6000025379	Change	☐ Addition
NAME			6.2 NA			6000025379 -05/28/98010070	ŌŌ ¯	たらんち
STREET ADDRESS				REET ADDRESS		***150.00	•	1. 84.0
CITY-ST-ZIP	netific that the independent of court and court	this filips does not subli	6.4 CI	Y-ST-ZIP	1	otion 410 07/2)(i) Florida Contra 17 all		1

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 of 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 or an attachment with an address