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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000002376

LIANSHAO, INC.

Principal Place of Business Mailing Address

Country

10943 N.W. 30TH PLACE SUNRISE FL. 33322

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

10943 N.W. 30TH PLACE SUNRISE FL 33322-1839

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

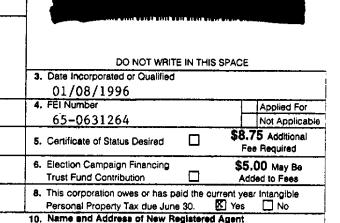
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FILED May 18 1998 8:00am Secretary of State



Zip Code

9. Name and Address of Current Registered Agent 81 Xυ SHAO XU, SHAO J Street Address (P.O. Box Number is Not Acceptable) 82 10943 N.W. 30TH PLACE SUNRISE FL 33322 83 84

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Pen Punes 11. Pursuant 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 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.

Country

SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Lichange XU, SHAO J NAME 1.2 NAME 10943 N.W. 30TH PLACE STREET ADDRESS 1.3 STREET ADDRESS SUNRISE FL 33322 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE VD DELETE 2.1 TITLE Change Addition NAME SUM, SUIT H 2.2 NAME STREET ADDRESS 7870 N.W. 34TH PLACE 2.3 STREET ADDRESS HOLLYWOOD FL 33024 CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE TITLE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELÉTE 900002529125 4.1 TITLE Addition NAME 4. 2 NAME -05/19/98---01055---007 STREET ADDRESS 4.3 STREET ADDRESS ***150.00 CITY-ST-ZIP 4.4 CITY - ST- ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 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 an attachment with an address.