

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

FILED
Mar 21 1997 8:00am
Secretary of State

DOCUMENT # **P96000008803 (4)**

1. Corporation Name

LONGDA INTERNATIONAL TRADE COMPANY LIMITED, INC.



Principal Place of Business

**3111 STIRLING ROAD
FT. LAUDERDALE FL 33312**

Mailing Address

**3111 STIRLING ROAD
FT. LAUDERDALE FL 33312-8566**

2. Principal Place of Business

21 **4100 NE 2nd Ave.**

22 **#304D**

23 **MIAMI, FL**

24 **33137**

25 **U.S.A.**

2a. Mailing Address

26 **1203 N 20th Ave.**

Suite, Apt. #, etc.

27 **#2**

City & State

28 **Hollywood, FL**

29 **33020**

30 **U.S.A.**

3. Date Incorporated or Qualified

01/29/1996

3a. Date of Last Report

4. FEI Number

65-0682392

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. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PEDERSEN, CAROLY
3111 STIRLING ROAD
FT. LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent

81 Name

SU, QIAN

82 Street Address (P.O. Box Number is Not Acceptable)

1203 N. 20TH AVE, APT#2

83

84 City

HOLLYWOOD

FL

85 **33020**

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 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.

Qian Su

3/17/97

SIGNATURE

Signature of the registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1	D	<input type="checkbox"/> DELETE
NAME	SU, QIAN	
STREET ADDRESS	4141 NORTH MIAMI AVENUE, SUITE 223	
CITY-ST-ZIP	MIAMI FL 33137	
12.2	D	<input type="checkbox"/> DELETE
NAME	LI, XIA	
STREET ADDRESS	4141 NORTH MIAMI AVENUE, SUITE 223	
CITY-ST-ZIP	MIAMI FL 33137	
12.3		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12.4		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12.5		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12.6		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	
1.2 NAME	SU, QIAN
1.3 STREET ADDRESS	4100 NE 2ND AVENUE, 304D
1.4 CITY-ST-ZIP	MIAMI, FL 33137
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LI, XIA
2.3 STREET ADDRESS	4100 NE 2ND AVE, 304D
2.4 CITY-ST-ZIP	MIAMI FL 33137
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Su, Qian

3/17/97 305-576-9196

Date

Daytime Phone #

CR2E034 (9/96)