FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600008803 (4)

LONGDA INTERNATIONAL TRADE COMPANY LIMITED, INC.

						 	ATEK IIII ILDI
Principal Place of Business Mailing Address) and fålål fålat skrit fi	1108 fill 1081
4100 NE 2ND AVE 1203 N 20TH AVE							
#304D					DO NOT WRITE IN THIS SPACE		
US	107	US			3. Date Incorporated or Qualified	TTHO BI ALOE	
					01/29/1996		
2. Principal Pi	P NE 2ND AVE	2a. Mailing Address 26 /203 // 20	σΤΗ	AVE	4, FEI Number 65-0682392		pplied For ot Applicable
Suite, Apt		Suite, Apt. #, etc. #					Additional
22 204D 27 27						Fee Re	equired
City & State MIAMI FL 28 City & State HOLLYWO			WOO	D FL	Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip Country Zip Cou			Countr	У	8. This corporation owes or has paid		
24 33		29 33020 30	<u> </u>	' <i>US</i>	Personal Property Tax due June 3		No No
	 Name and Address of Current QIAN 	, Registered Agent	8	Name	10. Name and Address of New Regi	stered Agent	
	O3 N 20TH AVE		<u></u>				
APT 2			B	Street Add	dress (P.O. Box Number is Not Acceptable	;)	
HO	LLYWOOD FL 33020		83	3			
			84	City		85 Zip	Code
<u></u>		1003 (500 5)					
office or re	egistered agent, or both, in the State :	of Florida. Such change was auth	horized b	y the corpora	rporation submits this statement for the pur ation's board of directors. I hereby accept	rpose of changing if the appointment as	is registered registered
ì	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	la Statute	98.			
SIGNATURE	Signature, lyped or printed name of registered ager	nt and the if applicable (NOTE R	egistered Ag	gent signature requ	uired when reinstating)	DATE	
12.	OFFICERS AND		13.	——————————————————————————————————————	ADDITIONS/CHANGES TO OFFICE		
TITLE	Ot Olds	☐ DELET e	1.1 TITLE			Change	Addition
NAME	S U, QIAN 4 100 NE 2ND AVE 304D		1.2 NAME	1			
STREET ADDRESS	MIAMI FL			T ADDRESS			
CITY-ST-ZIP TITLE	D	DELETE	1.4 CiTY- 2.1 TITLE	ST-ZIP		Change	Addition
NAME	II VIA		2.1 HILC 2.2 NAME			C) Cuange	Addition
STREET ADDRESS	AAOO NE OND AVE OOAD			T ADDRESS	Ų.		
CITY-ST-ZIP	MANIE		2.4 CITY	ì			
TITLE			3.1 TITLE	-31-21		Change	Addition
NAME			3.2 NAME	ľ			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		i	3.4. CITY				
TITLE		DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP		j	4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			,
CITY-ST-ZIP			5.4 CITY-	SI-ZIP			
TITLE			6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				İ
STREET ADDRESS			6.3 STREE	T ADDRESS			

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

FILED

Apr 27 1998 8:00am

Secretary of State