

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90178 004 ***150.00

DOCUMENT # P96000012055

1. Corporation Name

APPLIED SCIENCES AND TECHNOLOGY, INC.

Principal Place of Business

15655 NW 12 CT
PEMBROKE PINES FL 33028
US

Mailing Address

P.O. BOX 833152
MIAMI FL 33156
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1996

4. FEI Number

65-0644532

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 15655 NW 12 CT
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 833152
Suite, Apt. #, etc.

23 City & State

Pembroke Pines

24 Zip 33028 25 Country USA

27 City & State

28 Miami, FL

29 Zip 33028 30 Country USA

9. Name and Address of Current Registered Agent

YAN, JIANGUO
7815 N KENDALL DR E328
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

Jianguo Yan

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

15655 NW 12 CT

83

84 City

Pembroke Pines

FL

85 Zip Code

33028

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-98

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME YAN, JIANGUO
STREET ADDRESS 15655 NW 12 CT
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE D ☐ DELETE

NAME LI, XIANG
STREET ADDRESS 15655 NW 12 CT
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-98 (305) 992-3119

CR2E034 (11/98)