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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000015280 (6)

EAST WEST INVESTMENT & MARKETING, INC.

		· · · · · · · · · · · · · · · · · · ·					
Principal Place of Business		Mailing Address			or trees bridge stand in.		
11116 HASKELL DRIVE		11116 HASKELL DRIVE					
CLERMONT FL 34711		CLERMONT FL 34711		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
					02/15/1996	··· ··· · · · · · · · · · · · · · · ·	
<u> </u>	lace of Business	2a. Mailing Address			4. FEI Number	<del></del>	oplied For
21		26 Suite Ant # etc			59-3378976		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$ <b>5.75</b> / Fee Re	Additional
City & State	Δ	City & State		6. Election Campaign Financing	\$5.00	·	
23	•	28		Trust Fund Contribution			
Zip			Countr	y	8. This corporation owes or has paid th		
24	25	29	30		Personal Property Tax due June 30. 🔀 Yes 🔲 No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registe	ered Agent	
YANG, YAOHUA			81	Name			1
11118 HASKELL DRIVE			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
CLERMONT FL 34711							
			83	<b>'</b>			1
			84	City		FL 85 Zip	Code
11, Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a							to registered
office or r	egistered agent, or both, in the State	e of Florida. Such change was a	authorized b	y the corporat	tion's board of directors. I hereby accept the	appointment as	registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Fig	orida Statute	S.			
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable (NOT/	E: Registered Ad	ent signature requi	red when reinstating) Do	ATE	
.12.	OFFICERS AND DIRECTORS		13.			RS IN 12	
TITLE	D	DELETE 1.1 T				Change	Addition
NAME	Training trivition		1.2 NAME				
STREET ADDRESS	***************************************		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	<u> </u>		1.4 CHY-	ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	u, shujing						
STREET ADDRESS	******			T ADDRESS			
CITY-ST-ZIP	CLERMONT FL 34711			ST-ZIP	······································	Change	Addition
TITLE			3.1 TITLE 3.2 NAME			Onange	L NOOMON
NAME Street adoress				T ADDRESS			
			3.4. CITY				
CITY-ST-ZIP TITLE			4.1 TITLE	3)-EIF		Change	Addition
NAME			4. 2 NAMI			_ •	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-				
TITLE		DELETE	5.1 TITLE		,	Change	☐ Addition
NAME			5.2 NAME				1

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 to stee 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 attact premium an address.

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CR2F024 (10/97)

Change

Addition

**FILED** 

Apr 20 1998 8:00am

Secretary of State