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



Sandra B. Mortham

TO THE WAY OF THE PERSON

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sendra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 1. Corporation Name A DONG BIDA, INC.	P9600002	2491 (0)
Principal Place of Business	Mailing Address	
3325 PLYMOUTH 8T #16 JACKSONVILLE PL 32205	3325 PLYMOUTH ST #16 JACKSONVILLE FL 32205	
2. Principal Place of Business	2a. 26	Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.

FILED Feb 06 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-4147130 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 NGUYEN, DOAN V 3325 PLYMOUTH ST #16 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32205 83 City Zin Code 85 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 tale if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DPSV DELETE Change Addition TITLE 1.1 TITLE van nguyen, doan NAME 1.2 NAME 12492 HARBOR WINDS DR. NORTH STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32225 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TIME MALJE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-S1-ZIP DELETE TITLE 61 TILLE Change 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.