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FILED
May 17, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # PA6000033459V
 1. Corporation Name
JINMAU INTERNATIONAL, INC
DBA EXELL GRAPHICS

Principal Place of Business Mailing Address
4366 L.B. McLeod Rd.
ORLANDO, FL 32831

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
APR 96

4. FEI Number 59-3391065 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 2a. Mailing Address

21 4366 L.B. McLeod 26 same

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 ORLANDO FL 27

City & State City & State

23 32811 ORANGE 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
YEONG CHING MAU
2625 HOFFMAN DR.
ORLANDO, FL 32837

10. Name and Address of New Registered Agent

81 Name same

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

83

84 City FL 85 Zip Code

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] DATE 4/30/99

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<u>PRESIDENT</u> <input type="checkbox"/> DELETE
NAME	<u>YEONG CHING MAU</u>
STREET ADDRESS	<u>2625 HOFFMAN DR.</u>
CITY-ST-ZIP	<u>ORLANDO, FL 32837</u>
TITLE	<u>VICE PRESIDENT</u> <input type="checkbox"/> DELETE
NAME	<u>YEONG CHING MAU</u>
STREET ADDRESS	<u>2625 HOFFMAN DR.</u>
CITY-ST-ZIP	<u>ORLANDO, FL 32837</u>
TITLE	<u>SECRETARY</u> <input type="checkbox"/> DELETE
NAME	<u>LIEN DAM</u>
STREET ADDRESS	<u>551 JASMINE RD.</u>
CITY-ST-ZIP	<u>CASSELBERK</u>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 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] YEONG CHING MAU 4/30/99
 Signature and typed or printed name of signing officer or director Date Daytime Phone #
(407) 481-9221

CR2E034 (11/98)