**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000054535

**FILED** Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90165 033 \*\*\*150.00

EAST IN	TERNATIONAL, INC.								
Principal Place of Business Mailing Address						-	D) (P))() (P)(C) ()	<u> </u>	
7909 OR 7911 WST SAMPLE ROAD C/O ZHANG & PEDERSEN. P. CORAL SPRINGS FL 33065 3111 STIRLING RD. US FT. LAUDERDALE FL 33312						DO NOT WRITE IN THIS SPACE			
}		US				3. Date Incorporated or Qualifed			{
Ĺ						06/26/1996	<del></del>		4
Principal Place of Business     Za. Mailing Address						4. FEI Number		Applied For	1
21 26						65-0680956		Not Applicable	-
Suite, Apt. #, etc.						5. Certificate of Status Desired		Additional Required	
I City a Stat	e	City & State		===		-6Election Campaign Financing		<b>0</b> _May_Be	-
23		28	<del></del>			Trust Fund Contribution	Adde	d to Fees	4
Zip	Country Zip 25 29 3			y 		This corporation owes the current year I     Personal Property Tax.	ntangible Yes	□No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registere	d Agent		}
			81	Name					1
PEDERSEN, CAROLY 3111 STIRLING ROAD			82	Street	Addre	Address (P.O. Box Number is Not Acceptable)			1
FT.		83	3						
}			84	City		F	L 85 Zi	p Code	1
dffice or r	to the provisions of Sections 607.050, egistered agent, or both, in the State im familiar with, and accept the obligations.	of Florida. Such change was auth	norized by	/ the corp	l corpo oration	ration submits this statement for the purpose i's board of directors. I hereby accept the app	of changing ointment as	its registered registered	
SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicable. (NOTE: Re	agistered Age	ent signature	required v	when reinstating) DATE			1 2
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12	) 0
TILE	D DELETE		1.1 TITLE	1.1 TITLE <b>D</b> .		,	Chang	e 🔲 Addition	} {
NAME	LIANG, HONGGUO			1.2 NAME					1 3
STREET ADDRESS ##AFFANDAN BEACH BLVD # 1102			1.3 STREET ADDRESS 7		79	13. West. Sam Ple Road	' 		6
CITY-ST-ZIP	*****								] 6
TITLE	D DELETE 2		2.1 TILE		2	ral Springs.FL330b	Chang	в 🗌 Addition	1
NAME	AN. UN	<u> </u>		2.2 NAME		_	,		1
STREET ADDRESS				2.3 STREET ADDRESS 7		13. West. Sample Ro	ad.		ĺ
CITY-ST-ZIP	HALLANDALE EL 20000			2. 4 CITY-ST-ZIP		ral springs. FL 336	266		]
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NAME	. ■ 7		3.2 NAME		}				1_
- STREET ADDRESS			3.3 STRE	TADDRESS	-				1
CITY-ST-ZIP			3.4. CITY-		<b> </b>				4
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NAME	•	1	4.2 NAME	<u> </u>	}				1
STREET ADDRESS	T		4.3 STREET ADDRESS		Ţ				-
CITY-ST-ZIP				4.4 CITY-ST-ZIP				a Addition	-
TITLE			-	5.1 TITLE			Chang	e Addition	1
NAME		•	5.2 NAME		}				}
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CITY-ST-ZIP	☐ DELETE			5.4 CITY-ST-ZIP 6.1 TITLE			Chang	e 🔲 Addition	4
TITLE		TT DETELE	6.2 NAME				L) Unaily	- Duongon	
NAME	}	i	1		}				1
STREET ADDRESS			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		}				1
CITY- ST. ZID	ſ		■ 0.4 UI(Y-	21-4P	1				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 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: