

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

FILED

Mar 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000060675 (1)  
1. Corporation Name  
FENGLIDA (AMERICA) CORPORATION

Principal Place of Business 9050 N.W. 28 STREET #121 CORAL SPRINGS FL 33065	Mailing Address 9050 N.W. 28 STREET #121 CORAL SPRINGS FL 33065
--	--

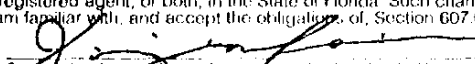


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1995 NW. 55th Ave. 22 Suite, Apt. #, etc Building K 23 City & State Margate, Florida 24 Zip 33063 25 Country USA		2a. Mailing Address 26 1995 NW. 55th Ave. 27 Suite, Apt. #, etc Building K 28 City & State Margate, Florida 29 Zip 33063 30 Country USA		3. Date Incorporated or Qualified 07/18/1996	
4. FEI Number 65-0685982		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent XIN, FRED 9050 N.W. 28TH STREET #121 CORAL SPRINGS FL 33065				10. Name and Address of New Registered Agent 81 Name XIN, JIANFEI (Fred) 82 Street Address (P.O. Box Number is Not Acceptable) 83 9050 NW. 28th Street, #121 84 City Coral Springs FL 85 Zip Code 33065			
---	--	--	--	---	--	--	--

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:  JIANFEI (Fred) Xin 3-9-1998  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	P Zhao, Yushi	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	XIN, FRED			1.2 NAME			
STREET ADDRESS	9050 N.W. 28 STREET			1.3 STREET ADDRESS	9050 NW. 28th St. #121		
CITY-ST-ZIP	CORAL SPRINGS FL 33065			1.4 CITY-ST-ZIP	Coral Springs, FL 33065		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	V XIN, JIANFEI (Fred)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS	9050 NW. 28th St. #121		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	Coral Springs, FL 33065		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:  3-9-1998 (954) 752-0582

CR2E034 (10/97)