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Apr 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000065668 (1)

1. Corporation Name
XINAN INDUSTRY, INC.



Principal Place of Business

3111 STIRLING ROAD
FT. LAUDERDALE FL 33312

Mailing Address

3111 STIRLING ROAD
FT. LAUDERDALE FL 33312-6566

3. Date Incorporated or Qualified
08/06/1996

3a. Date of Last Report

4. FEI Number
65-0707774

Applied For

Not Applicable

21. Principal Place of Business
4100 NE 2nd AVE.

2a. Mailing Address
26 c/o CAROLY PEDERSEN

22. Suite, Apt. #, etc.
105

27. Suite, Apt. #, etc.
3111 STIRLING ROAD

23. City & State
MIAMI, FL

28. City & State
FT. LAUDERDALE, FL

24. Zip
33137

25. Country
U.S.A.

29. Zip
33312

30. Country
U.S.A.

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PEDERSEN, CAROLY
3111 STIRLING ROAD
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81. Name

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 typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LI, DONGYA	
STREET ADDRESS	4141 N. MIAMI AVE. SUITE 300	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HU, YUKUN	
STREET ADDRESS	4141 N. MIAMI AVE. SUITE 300	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MA, PIN	
STREET ADDRESS	4141 N. MIAMI AVE. SUITE 300	
CITY-ST-ZIP	MIAMI FL 33137	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LI, DONGYA	
1.3 STREET ADDRESS	4100 NE SECOND AVE, #105	
1.4 CITY-ST-ZIP	MIAMI, FL 33137	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HU, YUKUN	
2.3 STREET ADDRESS	4100 NE SECOND AVE, #105	
2.4 CITY-ST-ZIP	MIAMI, FL 33137	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MA, PIN	
3.3 STREET ADDRESS	4100 NE SECOND AVE, #105	
3.4 CITY-ST-ZIP	MIAMI, FL 33137	
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 do 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 or changed, or on an attachment with an address.

SIGNATURE:

Yukun Hu YUKUN HU
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/97

Date

Daytime Phone #

0271800

CR2E034 (9/96)