FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00									FILED				
	PROFIT PORATION	FLORIDA DEPARTMENT OF STATE						Apr 29 1998 8:00am					
-	AL REPORT <b>1998</b>			Secretary of State DIVISION OF CORPORATIONS		ONS		Secretary of State					
DOCUN 1. Corporation C.C. H	NENT # F Name DLDING USA, IN	<b>P96000</b> IC.	07244	42 (2)									
Principal Place	of Business		Mailing Ad	dress				-				UN HUI UNI	
Totas Nonthwest of Avenue         Post office box 4314           MAMI LAKES FL 33014         Haleah FL 33014           8738 NW 147 LN .         Haleah FL 33014									DO NOT WRITI		SPACE		
	imi FL 3							3	<ul> <li>Date Incorporated or Qualified</li> <li>08/30/1996</li> </ul>				
2. Principal Pla	ace of Business		2e. Mailing 26	Address				4	FEI Number 65-0690251			plied For t Applicable	
Suite, Apt. #	l, elc.		Suite, Apt. #, etc.					5	. Certificate of Status Desired		\$8.75 / Fee Re	Additional	1
City & State	· · · · · · · · · · · · · · · · · · ·	City & 5	State				6	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	May Be		
Zip 24	Zip Country			Zip 29 30			Country		. This corporation owes or has p Personal Property Tax due Jun	_		angible ] No	
	g, Name and Add		legistered Ag	gent		61	Name	10	Name and Address of New R	gistered	Agent		_
	erilawyer Char Almeria Avenu					82		dress (	P.O. Box Number is Not Accepta	ble)			4
CO	RAL GABLES FL 3	3134				83							4
						84	Citv	<u> </u>			85 Zip	Code	_
44 0			- + 007 4000	Firstel Deal to	4					<u> </u>			
office or re	egistered agent, or bo n familiar with, and a	oth, in the State of	Florida Such	change was at	ithoríze	d bv	the corpor	ation's	on submits this statement for the board of directors. I hereby acce	purpose of pt the app	ointment as	registered	
	Signature, typ0d or printed na	nie of registered agent a OF FICERS AND E		in (NOTE	Registere	d Age	nt signature rec	when whe	ADDITIONS/CHANGES TO OFFI	DATE	DIRECTOR	S IN 12	-6
TITLE	PSTD		30.1.1	DELETE	1.1 1	TLE					Change	Addition	13
NAME STREET ADORESS	CHIU, YU-CHIN -10105-JIQRTHM	88 NW EMianù	(41LN.	1.2 NAME     1.3 STREET ADDRE		ADDRESS							
CITY-ST-ZIP TITLE	MANN LAKES F	MU	DELETE	1.4 C	11Y-5	T-ZIP				Change	Addition	- §	
NAME					NAME							T	
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP TITLE				DELETE	2.40 3.1 Ti		ST-ZIP	<u> </u>	· ····································		Change	Addition	-
NAME	ļ					3.2 NAME							}
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP TITLE	<u>1- ZIP</u>			DELETE			3.4. CITY - ST - ZIP 4.1 TITLE				Change	Addition	-
NAME					4.21								
STREET ADDRESS					1	-	ADDRESS						
CITY-ST-ZIP TITLE			_	4.4 CITY-ST-ZIP 5.1 TITLE			· · · · · · · · · · · · · · · · · · ·		Change	Addition			
NAME					5.2 NAME								1
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP TITLE				DELETE	5.4 CITY-S		T-ZIP				Change	Addition	$\exists$
NAME					6.2 N								
STREET ADORESS							ADDRESS						
CITY-ST-ZIP	ertify that the informa	tion supplied with	this filing doe	s not qualify for		ITY-S		in Secti	ion 119.07(3)(i), Florida Statutes.	l further ce	rtify that the	information	4
indicated of officer or c	on this annual report lirector of the corpora or Block 13 if changed	or supplemental a ation or the receive	nnual report i pr or trustee e	is true and accu empowered to e	rate an	d tha this r	at my signa report as re	ture sh quired	all have the same legal effect as by Chapter 607, Florida Statutes	if made un and that r	der oath; tha	at I am an pears in	