FILED Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90198 048 ***150.00

EUS4 (11/98)

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

Mailing Address

2677 FOREST HILL BLVE

PROFIT CORPORATION ANNUAL REPORT

1999

4960 HAVERHILL COMMON CIRCLE SE 23



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000074874

JIN YUAN, INC.

Principal Place of Business

WEST PALM BE	ACH FL 33417	119	119 West Palm Beach Fl 33406 Us					DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed					
		ψū						09/10/1996				
2. Principal Pl	ace of Business	2a. Mailie	ng Address				4.	FEI Number		Ap	plied For	
21	acc of Business	⊢	26					65-0701968		No	t Applicable	
Suite, Apt.	#. etc.		Suite, Apt. #, etc.				+-			\$8.75 A	dditional	
22	., 5.5.	— — · · · ·	27				5.	Certificate of Status Desired		Fee Re	guired	
City & State	e		City & State				6.	Election Campaign Financing		\$5.00	Mav Be	
23		28	28					Trust Fund Contribution		Added to		
Zip Country Zip				Country			8.	This corporation owes the curr	ent year Int	angible		
24	25	29	29 30					Personal Property Tax.	-	Yes	□No	
9. Name and Address of Current Registe			red Agent				10.	Name and Address of New R	Registered	Agent		
				8	1 1	Name						
LAM, TAK P			0.	82 Street Add			O Roy Number is Not Accents	hle)				
4960 HAVERHILL COMMON CIRCLE SE 23						Street Address (P.O. Box Number is Not Acceptable)						
WES	T PALM BEACH FL 33417			8	3							
				<u>-</u>	1						\	
				8-	4 (City			FL	85 Zip C	∠ode	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.150	08. Florida Statut	tes, the abo	ve-n	named corp	ooratio	n submits this statement for the	purpose of	changing its	registered	
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 registred 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.										gistered		
agent. 1 au	m familiar with, and accept the oblig	gations or, Secu	OII 607.0505, FIO	mua Statute	5.						ĺ	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applica	thle (NOTE	Registered Ag	ent si	ignature require	nertw be	reinstating)	DATE			
12,		AND DIRECTOR		13.		·		ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	RS IN 12	
TITLE	PD		☐ DELETE	1.1 TITLE	_	P	DT			Change	☐ Addition	
NAME	LAM, TAK P			1,2 NAME		L	An	TAK P				
STREET ADDRESS 4960 HAVERHILL COMMON CIRCLE SE 23				13 STRE	1.3 STREET ADDRESS			HAVERHILL COM	mon 6	PIRCLE	SEX	
CITY-ST-ZIP WEST PALM BEACH FL 33417							PALM BEACH, F					
TITLE			⊠ DELETE	2.1 TITLE						Change	☐ Addition	
i	VD			2.2 NAME		ļ						
NAME LAM, SHU! K				2.3 STREET ADDRESS								
STREET ADDRESS 4960 HAVERHILL COMMON CIRCLE SE 23				2.4 CITY-ST-ZIP								
CITY-ST-ZIP	WEST PALM BEACH FL 334	17	DELETE	2.4 CITY 3.1 TITLE		ZIP				Change	Addition	
TITLE			□ bereie			j					~~	
NAME				3.2 NAME					÷		•	
STREET ADDRESS				3.3 STRE								
CITY-ST-ZIP			C DELETE	3.4. CITY		ZIP				☐ Change	Addition	
πιΕ			□ DELETE	4.1 TITLE							☐ Addition	
NAME				4, 2 NAM							,	
STREET ADDRESS				4.3 STRE	ET AC	DDRESS						
CITY-ST-ZIP				4.4 CITY-		Z)P					☐ Addition	
TITLE			□ DELETE	5.1 TITLE						Change	☐ Addition	
NAME				5.2 NAME								
STREET ADDRESS				5.3 STRE	ET AL	DDRESS						
CITY-ST-ZIP				5.4 CITY-		ZIP						
TITLE			☐ DELETE	6.1 TITLE						☐ Change	Addition	
NAME				6.2 NAME								
STREET ADDRESS				6.3 STRE	ET AL	DORESS						

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 for on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

1/19/99

561-641-2665