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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90032 016 ***150.00

DOCUMENT # P9600078445 1. Corporation Name HARVARD INTERNATIONAL, INC.						
Principal Place of Business Mailing Address						1 10 5165) 114 19110 STILL SOLIT SOLIT STILL STI
SUITE 112 SUI		976 FLORIDA CENTRAL PARK SUITE 112 LONGWOOD FL 32750				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 09/19/1996
2. Principal Place of Business 2a. Mailing Address						4. FEI Number . Applied For
26						59-3412153 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be
23	28					Trust Fund Contribution Added to Fees
Zip	Country Zip			itry		8. This corporation owes the current year Intangible Personal Property Tax Yes No
24	25	29 30	<u> </u>	_		Personal Property Tax. Li Yes Li No 10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of the Samuel Sa
YEN, MING 976 FLORIDA CENTRAL PARKWAY				82	Street Ac	ddress (P.O. Box Number is Not Acceptable)
SUITE 112				83		
LONGWOOD FL 32750				-		
				84 City		FL 85 Zip Code
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0502 egistered agent, or both; in the State of familiar with, and accept the obligat	2 and 607.1508, Florida Statutes, of Florida. Such change was auth ions of, Section 607.0505, Florid	, the ab norized a Statu	by tes.	the corpora	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register				\.	t signature reg	uired when reinstating) DATE
12.	OFFICERS AND DIRECTORS		13.		- organization of the	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME			1.2 NA	ME	}	
STREET ADDRESS	THE THE PARTY OF T		1.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750		1.4 CITY-ST-ZIP		r-ZIP	
TITLE	VPD □ DELETE		2.1 חוד	2.1 TITLE		☐ Change ☐ Addition
NAME	ZHONG, REN		2.2 NAME			
STREET ADDRESS 976 FLORIDA CENTRAL PARKWAY, SUITE 112			2.3 STREET ADDRESS		ADDRESS	
_CITY-ST-ZIP				2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	עו		3.1 TITI			
NAME HUI, LIU CHUN			3.2 NAME			}
STREET ADDRESS 976 FLORIDA CENTRAL PARKWAY, SUITE 112			3.3 STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL 32750		3.4. CITY-ST-ZIP 4.1 TITLE		I-ZIP	☐ Change ☐ Addition
TITLE	ال ال		4.2 NAME		t	
NAME PUNAN, LI STREET ADDRESS 976 FLORIDA CENTRAL PARKWAY, SUITE 112					r address	j
. ALIGNICAD EL SATEA			4.4 CIT			!
CITY-ST-ZIP	LONGWOOD PL 32730		5.1 700			☐ Change ☐ Addition

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, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

NAME

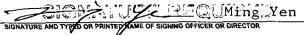
TITLE

NAME

STREET ADDRESS

STREET ADDRESS

City-ST-ZIP



☐ DELETE

Change

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