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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P96000080405 (9) **DOCUMENT** # RISING EAST INC.

## **FILED** May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 7007 S.W. 46 STREET 7007 S.W. 46 STREET MIAM! FL 33155 **MIAMI FL 33155** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/26/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0713101 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Ζıρ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. X Yes □ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name 13300 S.W. 58 TERRACE, #1 Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33183 B3** 84 City 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 little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE DU. XIAN PEI NAME 12 NAME 13300 S.W. 58 TERRACE. #1 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33183** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 217/16 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change ☐ Addition 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 54 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 trusted 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: X

X 4-25-98 668-323f

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