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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # 1. Corporation Name

2. Principal Place of Business

Suite, Apt. #. etc

P96000084565 (6)

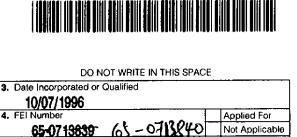
2a. Mailing Address

Suite, Apt. #, etc.

THE RXP CORPORATION

Principal Place of Business	Mailing Address			
447 SW 8 ST	447 SW B ST			
MIAMI FL 33130	MIAMI FL 33130			

FILED Mar 24 1998 8:00am Secretary of State



2		27				٥.	Certificate of Status Desired		Fee Required
City & Sta	ate	City & State				6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip			untry 8. This corporation owes or has paid the current year Intangi Personal Property Tax due June 30. Yes No					Yes No	
	9. Name and Address of Cu	rrent Registered Agent				10.	Name and Address of New R	egistered	Agent
	SHANBROM, ROBERT			81	100000				
1889 S.W. 17TH STREET MIAMI FL 33145			82	Street Addr	ress (F	O. Box Number is Not Accepta	ble)		
	miradi i 6 do i 10			83					
				94	City				96 Zio 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		······································		DATE		
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: R	tegistered Agent signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	IN DIDECTOR	C IN 12
12.	OFFICERS AND DIRECTORS	DELETE	13.	ADDITIONS/CHAINGES TO OFFICERS AP	Change	Addition
TITLE		DEFEIR	1.1 TITLE		Change	
NAME	SHANBROM, ROBERT		1.2 NAME			
STREET ADDRESS	1869 S.W. 17TH STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33145		1.4 CITY - ST - ZIP			1111111
TITLE	VSD	DEL ete	2.1 TITLE		☐ Change	Addition
NAME	CHENG, XIAOPING		2.2 NAME			
STREET ADDRESS	1869 S.W. 17TH STREET		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33145		2. 4 CITY - ST - ZIP	•		
TITLE	L	DELETE	3.1 TIŤL€		Change	Additio
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE1 ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addition Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change	Additio
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addition Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
			5 4 OUT / OT 7/O			

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

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