

FILE NOW: FILING FEE AFTER MAY 1 IS \$

FILED  
Apr 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF REVENUE <b>Sandra B. ...</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000095845 (9)**

1. Corporation Name  
**SHIN YUAN, INC.**

Principal Place of Business

**4012 N. ARMENIA AVE.  
TAMPA FL 33603**

Mailing Address

**4012 N. ARMENIA AVE.  
TAMPA FL 33607-1002**

3. Date Incorporated or Qualified <b>11/20/1996</b>	3a. Date of Last Report
4. FEI Number <b>59-3412593</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** City

9. Name and Address of Current Registered Agent

**CHEN, SHUI LUNG  
4012 N. ARMENIA AVE.  
TAMPA FL 33603**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SHUI LUNG CHEN</b>	
STREET ADDRESS	<b>4012 N. ARMENIA AVE</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33603</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MEI YING YANG</b>	
STREET ADDRESS	<b>4012 N. ARMENIA AVE</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33603</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
1. STREET ADDRESS	
1. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2. STREET ADDRESS	
2. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
3. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4. STREET ADDRESS	
4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE: X

4/15

(813) 348-3881

CR2E034 (9/96)