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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

Sep 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000100879 (1)

FOUR STAR INTERNATIONAL, INC.

| Principal Place of Business Mailing Address | | | | | | | | | /III (4819 PSF) 1897 | |
|--|-----------------------------------|---|----------------|---|------------------|---------------|--|---|----------------------|--|
| 999 PONCE DE LEON BLVD. SUITE 1015 CORAL GABLES FL 33134 | | | SU | 999 PONCE DE LEON BLVD. SUITE 1015 CORAL GABLES FL 33134-3047 | | | | | | |
| COUNT DADES IT \$5154 | | | • | CORRE GABLES TE SSIST-SOFT | | | | 3. Date incorporated or Qualified 3a. Date of | Last Report | |
| | | | | | | | | 12/13/1996 | } | |
| 2. Principal Place of Business | | | 2a | 2a. Mailing Address | | | - / | 4. FEI Number | Applied For | |
| 21 | | | | 26 | | | | 65-0748730 | Not Applicable | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | 8.75 Additional | |
| 22 | | | | 27 | | | | b. Certificate of Status Desired | Fee Required | |
| City & State | | | | City & State | | | | 6. Election Campaign Financing \$ | 5.00 May Be | |
| 23 | | | | 28 | | | | Trust Fund Contribution Added to Fees | | |
| Zip Country | | | | 7ip Country | | | / | 8. This corporation has liability for intangible tax under s. 199.032, | | |
| 24 | | | | 9 30 | | | | Florida Statutes Yes No | | |
| 9. Name and Address of Current Registered Agent | | | | | | | 10. Name and Address of New Registered Agent | | | |
| | ani, Geor | | | | | 81 | Name | | | |
| 999 PONCE DE LEON BLVD. | | | | | | | Street Ad | Street Address (P.O. Box Number is Not Acceptable) | | |
| SUITE 1015 | | | | | | | ļ | | | |
| CORAL GABLES FL 33134 | | | | | | 83 | | | | |
| | | | | | | 84 | City | g | Zip Code | |
| | | | | | | <u> </u> _ | | FL °° | L | |
| office or r | anistered ac | ions of Sections 607.0 jont, or both, in the Str th, and accept the obl | te of Flor | ida. Such chand | e was authorize | ad ha | v the corpo | orporation submits this statement for the purpose of char oration's board of directors. I hereby accept the appointm | nging its registered | |
| SIGNATURE | | | | | | | | | | |
| SIGNATORE | Signature, typed | or printed name of registered | igent and till | ie il aj p'icable | (NOTE: Registore | d Ag | ont signature re | equired when re-instating) DATE | | |
| 12. | | OFFICERS A | ND DIRE | | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIR | | |
| TITLE | PD | 14.15.21 | | □ DEL | | | | | Change L Addition | |
| NAME | WANG, JUNYI DRESS 141 HOSPITAL | | | 1.2 NAME | | | | | | |
| STREET ADDRESS | | | | | 135 | TREE | ADDRESS | | | |
| CITY-ST-ZIP | |), P.R. CHINA | | | | | ST - ZIP | | Ohanna Addition | |
| TITLE | VPD | Si ii | | ☐ DEt | | | | | Change L Addition | |
| NAME | ZHENG, (| | | | 2.2 h | | | | | |
| STREET ADDRESS | | HAN ROAD | | | | | TADDRESS | | | |
| CITY-ST-ZIP | |), P.R. CHINA | | При | | | S1 - ZIP | T-77 | Change Addition | |
| TITLE | S LAL CUE | NOLIAN | | ☐ DEL | | | | | wende T vonition | |
| NAME | LAI, SHE | NO. 109TH STREET | | | 3.2 M | | T 4000500 | | | |
| STREET ADDRESS | MIAMI FL | | | | | | T ADDRESS | | | |
| CITY-ST-ZIP | D MINIMI PL | 33170 | | DEL | | | ST - ZIP | | Change Addition | |
| TITLE | T . | NWE i | | عاد البيا | | NAME | | | Strange Francisco | |
| NAME OTDEET ADDRESS | 45 144 101 0040 | | | | | | T ADDRESS | | | |
| STREET ADDRESS | |), P.R. CHINA | | | | | | | | |
| CITY-ST-ZIP TITLE | GINODAC | 71 THE STREET | | DEL | | ary-: ITLE | \$1-ZIP | | Change Addition | |
| NAME | | | | <u></u> 010 | | IAME | | | | |
| | | | | | | | 1 ADDRESS | 4 | | |
| STREET ADDRESS | | | | | | | | | | |
| CITY-ST-ZIP TITLE | | | | DEL | | | ST-7IP | 11 | Change Addition | |
| NAME | | | | عرو ہے۔ | | NAME | | | | |
| NAME CERTAL ARROTCE | | | | | | | 1 ADDRESS | | | |

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.

9/20/97