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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

فليقريب تاء ويحده والمسته فيتهاويل الدواكه ما الموافقة الماجه



Mailing Address

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9700002597 (7)

CARIANA INTERNATIONAL, INC.

FILED
May 05 1998 8:00am
Secretary of State

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SUITE 901 N. MIAMI BE 2. Principal P 21 CARI #W Suite, Apt.	AMI GARDENS DRIVE  ACH FL 33179  Place of Business  A INTERNATIONAL INC  #, étc.  SHERIDAN ST. # 2158	1200 N.E. MIAMI GARDENS SUITE 901 N. MIAMI BEACH FL 33179  2a. Mailing Address 2b CARIANA INTER Suite, Apt. #, etc. 27 3475 SHERIDAR	NATIONAL INC	DO NOT WRITE IN THIS  3. Date Incorporated or Qualified  01/06/1997  4. FEI Number  65 - 0754667  5. Cerlificate of Status Desired	Applied For Not Applicable \$8.75 Additional Fee Required		
22 54 /5 City & Stat		27 3475 > HERIDAN City & State	V 37. 1213 D	6. Election Campaign Financing	<del></del>		
	wood, FL	28 HOLLYWOOD, F	<sup>2</sup> L	Trust Fund Contribution	\$5.00 May Be Added to Fees		
Žip	Country	Zıp	Country	8. This corporation owes or has paid the ci	irrent year Intangible		
24 3302		29 33021 3	O UJA	Personal Property Tax due June 30.	Yes No		
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  Name  81 Name							
CHANG, KITY  1200 N.E. MIAMI GARDENS DRIVE  SUITE 901  N. MIAMI BEACH FL 33179  84 City Hellywood  Tin 2HANG  82 Street Address (P.O. Box Number is Not Acceptable)  250 L S, OCEAN DR. # PH8  84 City Hellywood  FL 85 Zip Code 33019							
11. Pursuant office or r	to the provisions of Sections 607,0502 egistered agent, or both, in the State	2 and 607.1508, Florida Statules, of Florida. Such change was aut	the above-named cor horized by the corpora	poration submits this statement for the purpose alion's board of directors. I hereby accept the ap	of changing its registered		
agent. I a SIGNATURE	im tamiliar with, and accept the obliga		da Statutes.		A1241 28,98'		
	She lature, typed or proted name of registered agor		Registered Agent signature requ		ID DUDE CTOPO IN 40		
12.	OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition		
NAME			1.2 NAME	JIN SHANG	CT change CT votation		
STREET ADDRESS			1.3 STREET ADDRESS	STO   S. OCEAN DR. #PH8			
CITY-ST-ZIP			1.4 CITY-ST-ZIP	HOLLY WOOD, FL 33019			
TITLE		DELETE	2.1 TITLE	D	Change Addition		
NAME			2.2 NAME	SHIH I WANG	ĺ		
STREET ADDRESS	•		2.3 STREET ADDRESS	3050 NORWOOD PLACE \$109	:		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	BOLA RATON. FL 33481			
TITLE		☐ DELETE	3.1 TITLE		Change Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP	4		3.4. City - ST - ZIP				
TITLE		☐ DELETE	4.1 TITLE		Change Addition		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS		1		
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DEL <b>e</b> te	6.1 TITLE		☐ Change ☐ Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS		ļ		
CITY-ST-ZIP			6.4 CITY-ST-ZIP				
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 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.							

JUN 2HANG PARSIDENT