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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000008337 (2)

QIANTONG INTERNATIONAL TRADE & INVESTMENT, INC.

Principal Place of Business

Mailing Address

5830 MEMORIAL HIGHWAY SUITE 918 TAMBA EL 22015 5830 MEMORIAL HIGHWAY SUITE 918 FILED Apr 01 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE TAMPA FL 33615 TAMPA FL 33615 3. Date Incorporated or Qualified 01/22/1997 2. Principal Place of Business 2a. Mailing Address Applied For BRIDGEVIEW CR. 26 7311 BRIDGEVIEW CHRILE 52-<u>201527</u>3 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 66080UGH 29 37 30 HULL BORDL Yes Personal Property Tax due June 30. □ No g, Name and Address of Current Registered Ager 10. Name and Address of New Registered Agent CHEN. JIN 5830 MEMORIAL HIGHWAY 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 918** 83 **TAMPA FL 33615** 84 City Zip 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, typed or printed name of registered agent and tide if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 HTLE Change Addition NAME 1.2 NAME eview ciacle STREET ADDRESS 1.3 STREET ADDRESS MPA FL 33634 CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE TITLE 2.1 TITLE Change ___ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE Change Addition | NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZiP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 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.