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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

# DOCUMENT # P97000030885

CHINA BEST, INC.

## **FILED**

## Jan 29, 1999 8:00am **Secretary of State**

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Principal Plac	e of Business		Mailing	Address					1 18811881 139 18		141KI 81KI 8	BSS 11311 ANTOLONA	i jatel bili indi
2508 SOUTH SEMORAN BLVD 2508 SOUTH SEMO					AN RIVD								
			IDO FL 32822									1	
	*											HIS SPACE	•
_									<ol> <li>Date Incorporated 04/04/1997</li> </ol>	or Qualife	ed	•	* •
2. Principal P	lace of Business		2a. Mai	iling Address			,		4. FEI Number			, At	plied For
21		•	26						59-3448814			Ĩ No	t Applicable
Suite, Apt.	#, etc.	-	Sui	te, Apt. #, etc.			,		5. Certifcate of Statu	ıs Desired	. □ .	\$8.75 / Fee Re	
City & Stat	ө		City	y & State					6. Election Campaig	n Financin	ıg 🗆	\$5.00	Mav Be
23			28						Trust Fund Contri	bution	's	Added	
Zip		Country	Zip						8. This corporation of	wes the c	urrent year	Intangible	
24	. 25		29	-	30				Personal Property	Tax.		☐ Yes	□No
	9. Name and	Address of Currer	t Registere	d Agent		L.,			10. Name and Addre	ss of Nev	v Register	ed Agent	
	IINI HANI		S 1 8 6			81	Name	+					
	JIN JIAN SOUTH SEMO	DRAN BLVD				82	Street	Addres	ss (P.O. Box Number is	Not Acce	ptable)		
	ANDO FL 3282		•			83			****	+ + + + + + + + + + + + + + + + + + +			
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11. Pursuant	to the provisions	of Sections 607.050	2 and 607.1	508, Florida Statu	tes, the a	bove	e-named	l corpor	e board of directors	ment for t	ne purpose	o changing its	registered
office or r	enistered agent	of Sections 607.050 or both, in the State nd accept the obliga	of Florida, S	iuch change was a	authorized	i bv i	the corp	corporation	's board of directors. I	hereby ac	cept the ap	pointment as re	registered gistered
office or r agent. I a	enistered agent	or both in the State.	of Florida, S	iuch change was a	authorized	i bv i	the corp	corporation	's board of directorsI	hereby ac	cept the ap	pointment as re	registered gistered
office or r	egistered agent, m familiar with, a	or both, in the State nd accept the obliga ted name of registered age	of Florida. S tions of, Sec nt and title If appli	cable. (NOT	authorized orida Statu E: Registered	i by i utes.	the corp	oration'	's board of directors. It	hereby	DATE	pointment as re	gistered
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office or ragent. I a SIGNATURE  12.  TITLE NAME	egistered agent, in familiar with, a Signature, typed or prin	or both, in the State nd accept the obligated name of registered age.  OFFICERS AN	of Florida. S tions of, Sec  nt and title If appli	idch change was action 607.0505, Floridation 607.0505, Floridation (NOT DRS -	E: Registered  13. 1.1 TH 1.2 NA 1.3 ST 1.4 CF	Agent TLE AME TY-ST	t signature	required w	's board of directors. It	hereby	DATE	AND DIRECTO	DRS IN 12
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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 Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: