

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90053 016 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P97000053262

1. Corporation Name
OWLET (U.S.) INVESTMENT COMPANY

| | |
|---|---|
| Principal Place of Business 8459 W. MCNAB BLVD TAMARAC FL 33321 | Mailing Address 8459 W. MCNAB BLVD TAMARAC FL 33321 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 2. Principal Place of Business 21 11133 N. W. Second Court Suite, Apt. #, etc. 22 City & State 23 Coral Springs, Fl. Zip 24 33071 Country 25 Broward | 2a. Mailing Address 26 11133 N.W. 2nd Court Suite, Apt. #, etc. 27 City & State 28 Coral Springs, Fl. Zip 29 33071 Country 30 Broward |
|--|---|

| | | |
|---|---------------------------------------|-------------------------------|
| 3. Date Incorporated or Qualified 06/16/1997 | 4. FEI Number 65-0795665 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent
ZHANG, DONG
8720 SHADOWWOOD BLVD #103
CORAL SPRINGS FL 33071-6767

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name Anthony Chang |
| 82 Street Address (P.O. Box Number is Not Acceptable) 11133 N.W. 2nd Court |
| 83 |
| 84 City Coral Springs FL 85 Zip Code 33071 |

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]* **April 16, 1999**
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 D/P | NAME JIYAN, ZHANG | STREET ADDRESS 804 BLDG. 29 YUANLING NEW BLOCK | CITY-ST-ZIP SHENZHEN, CHINA | <input type="checkbox"/> DELETE |
| TITLE D | NAME JIYU, ZHANG | STREET ADDRESS 27 DONGFU STREET | CITY-ST-ZIP CHENGDU CITY, CHINA | <input type="checkbox"/> DELETE |
| TITLE D | NAME TAO, ZHENG X | STREET ADDRESS 27 XIANFU STREET LUOCHENG TOWN | CITY-ST-ZIP GUANGHAN CITY SITCHUAN CHINA | <input type="checkbox"/> DELETE |
| TITLE D/S | NAME DONG, ZHANG | STREET ADDRESS 8459 W. MCNAB BLVD | CITY-ST-ZIP TAMARAC FL 33321 | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | | |
|--------------------|--------------------------|--|---|--|
| 1.1 TITLE D/P/S | 1.2 NAME Ji Yan Zhang | 1.3 STREET ADDRESS 11133 N.W. 2nd Court | 1.4 CITY-ST-ZIP Coral Springs, Fl. 33071 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.1 TITLE D | 2.2 NAME Jiyu Zhang | 2.3 STREET ADDRESS 27 Dongfu Street | 2.4 CITY-ST-ZIP Chengdu, China | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE D | 3.2 NAME Tao Zheng X | 3.3 STREET ADDRESS 27 Xianfu Street, Luochengtown | 3.4 CITY-ST-ZIP Guanghan City, Sitchuan, China | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE D | 4.2 NAME Dong Zhang | 4.3 STREET ADDRESS 8459 W. McNab Blvd | 4.4 CITY-ST-ZIP Tamarac, Fl. 33321 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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, 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, with an officer like empowered.

SIGNATURE: SIGNATURE REQUIRED **April 15, 1999**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)