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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000056274

A-SUN-MAX INTERNATIONAL, INC.

Principal Place of Business								
3409	PARK	SQUARE	WEST	#3				

Mailing Address

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90202 003 ***150.00



3409 PARK SQUARE WEST #3 TAMPA FL 33613		3409 PARK SQUARE WEST #3 TAMPA FL 33613				F = 1.4= ·	voite ni ti	10 OD 1 OC			
						DO NOT WRITE IN THIS SPACE					
							corporated or Quali 5/1997	fed			
2. Principa Pl	Principa Place of Business 2a. Mailing Address			4. FEI Number Applied			ed For				
		26			59-3461884			Not Applicable			
7.		Suite, Apt. #, etc.	tc.				\$8.7	\$8.75 Additional			
22	•	27				5. Certifo	te of Status Desire	u ⊔ 	Fee	Rec	uired
City & State	е	City & State				6. Electio	1 Campaign Financi	ng 🖂	\$5.0	10 M	ay Be
23		28				Trust F	und Contribution		Adde	ed to	Fees
Zip	Courtry	Zip	Cou	ntry			rporation owes the	current year		1-	761-
24	25	29	30				al Property Tax.		Yes	l.]No
	9. Name and Address of Current	Registered Agent		04		10. Name	and Address of Ne	w Registere	a Agent		
OUE	N. CONO OEN			81	Name						
	N, SONG-GEN			82	Street Acc	fress (P.O. Bo)	Number is Not Acc	eptable)			
	PARK SQUARE WEST #3										
IMAT	PA FL 33613			83							
				84	City			F	L 85 Z	ip Co	de
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statu	tes, the a	bove	e-named ccr	poration submi	s this statement for	the purpose	of changing	its re	egistered
office (r r	egistered agent, or both, in the State cf	Florida. Such change was	. HUTOFIZEC	i by :	tne corporat	ion's board of a	firectors. I hereby a	ccept the app	ointment as	s regi	stered
agent. I ai	m familiar with, and accept the obligate	ons of, Section 607.0505, Fi	orida Stati	utes.	•						
SIGNATUFE	Signature, typed or printed na ne of registered agent a	A DO C - STEELE (NOT	- Dogustarad	Anon	t evenature requir	red when reinstating)		DATE			<u> </u>
	OFFICERS AND		13.	Ayen	t signature requir		ONS/CHANGES TO		AND DIREC	TOR	S IN 12
12.	PSD OFFICERS AND	DELETE	1.1 TI	ΠF		7,0077	2110.0		Chan		Addition
TITLE			12 N						_	-	
NAME	CHEN, SONG-GEN				1000500						
STREET ADDRESS	3409 PARK SQUARE WEST #3				ADDRESS						
CITY-ST-ZIP	TAMPA FL 33613	☐ DELETE		TY-51	r-zip				☐ Chan	ne .	Addition
TITLE		□ ocreie	2.1 Tí							ge	
NAME			2.2 N	AME.							
STREET ADDRESS			2.3 S	REET	ADDRESS						
CITY-ST-ZIP			2. 4 C		T-ZIP						T Addition
TITLE		☐ DELETE	3.1 TI	TLE					Chan	ge	Addition
NAME			. 32 N	AME							
STREET ADDRESS			3.3 \$	TREET	ADDRESS						
CITY-ST-ZIP			3.4. C	ITY-S	T-ZIP						
TITLE		☐ DELETE	4 1 Ti	TLE					Chan	ge	☐ Addition
NAME			4. 2 N	AME							-
STREET ADDRESS			43 S	TREET	ADDRESS						
CITY-ST-ZIP			4 4 C	TY-S1	T-ZIP						
TITLE	,	☐ DELETE	5.1 TI	TLE					Chan	ge	Addition
NAME .			5.2 N	AME	İ						
STREET ADDRESS			5.3 S	TREET	ADDRESS						
				TY-S	i						
CITY-ST-ZIP TITLE		☐ DELETE	61T)		-				Chan	ge .	Addition
			62 N							-	
NAME					ADDRESS						
STREET ADDRESS			6.3 8	TEEL	ADDRESS						
	i .		# C 1 C	TV C	T 71D 1						

14. I heret y certify that the informa ion 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 unider 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 2 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: