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

Mailing Address

6828 CIRCLE CREEK DR.

PINELLAS PARK FL 33781

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000076297 (5)

CHINA SQUARE, INC.

Principal Place of Business

6826 CIRCLE CREEK DR.

PINELLAS PARK FL 33781

NAME

TITLE

NAME

TITLE

NAME

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-2IP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HU, DAR S 6828 CIRCLE CREEK DR. Street Address (P.O. Box Number is Not Acceptable) PINEULAS PARK FL 33781 83 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. PRESIDENT ☐ Change DELETE TITLE 1.1 TITLE

1.2 NAME

2.1 TITLE 2.2 NAME

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

DFLETE

DELETE

DELETE

DELETE

DELETE

1.3 STREET ADDRESS

2.3 STREET ADDRESS 2. 4 City-St-Zip

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

3.4. CITY-ST-ZIP

1.4 CITY-ST-ZIP

STREET ADDRESS

63 STREET ADDRESS

64 CITY - ST - ZIP

1 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 of the roceiver 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.

SIGNATURE: X WW MY War

KUBNG MING WANG

LAKELAND, FL

2914 S. FLORIDA AVE.

2-10/98

941-687-0098

Change

Change

Change

Change

Change

FILED

May 04 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

R2E034 (10/97)

☐ Addition

Addition

Addition

___ Addition

■ Addition