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

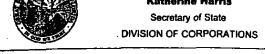
PROFIT CORPORATION ANNUAL REPORT 1000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED May 16, 2000 8:00 am Secretary of State 05-16-2000 90020 039 ***150.00



<u> </u>	2000					
DOCU	MENT # P97000	077035				
1	NG, CORP.	•				
				LIBERT (CORT TOTAL UND TOTAL BRI LEBERT L	40 101 1 56 11 1 00 11 06 11	aa eren: a est e a ar
						A IM MIN
Principal Plac	ce of Business	Mailing Address		I SOMMAN HO SENS TERM CONT. CONT. CONT.	initi im ai i innit an li	TM-4150E BITE 1001
4700 LE JEUN		4700 LE JEUNE RD				
CORAL GABLES FL 33148 CORAL GABLES FL 33146				DO NOT WRITE IN T	HIS SPACE	
				3. Date Incorporated or Qualifed		····
				09/04/1997	···	<u> </u>
-	Place of Business	2a. Mailing Address		4. FEI Number	· F-+-	pplied For
21 Suite, Apt	#. etc.	Suite, Apt. #, etc.		65-0778735		ot Applicable Additional
22		27	•	5. Certificate of Status Desired		equired
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00	May Be
23	<u></u>	28		Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	r Intangible	17 01.
24	9. Name and Address of Curren		30	Personal Property Tax. 10. Name and Address of New Register		No
			81 Name			
XIE, WEI M			B2 Street Ac	idress (P.O. Box Number is Not Acceptable)		
8851 NW 119 ST #2202 HIALEAH GARDENS FL:33018				(20		·
Пич	DEATT CHADENS PE 35016		83	•		
			84 City	F	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607 1508 Florida Statute	es the above-named co	proporation submits this statement for the purpose		registered
office or i	registered agent, or both, in the State of am familiar with, and accept the obligation	of Florida. Such change was at	uthorized by the corpora	ation's board of directors. I hereby accept the ap	pointment as re-	gistered
SIGNATURE						
	Signature, typed or printed name of registered agent		Registered Agent signature requ			
TILE	DP OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND UIRECTO ☐ Change	Addition
NAME	XIE, WEI M		12 NAME		L., Grange	
STREET ADDRESS	9345 NW 121 ST		1.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH GARDENS FL 33018		1.4 CITY-ST-ZIP			
TITLE	DVT	DELETE	21 TITLE		Change	Addition
NAME	XIE, HUI LAN		2.2 NAME	•	,	
STREET ADDRESS	8851 NW 119 ST STE 2202		2.3 STREET ADDRESS			
CFTY-ST-ZIP	HIALEAH GARDENS FL 33018 DS	☐ DELETE	2.4 CiTY-ST-ZIP 3.1 TITLE		Change	☐ Addition
NAME	CHO, WALO	_ oct.	32 NAME		□ cuange	
STREET ADDRESS	8851 NW 119 ST STE 2202		3.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH GARDENS FL 33018		3.4. CITY-ST-ZIP	•		
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS	·		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP			C 1438
NAME .	•	[] pereie	5.1 TITLE 5.2 NAME		Change	Addition
STREET ADDRESS	*		5.3 STREET ADDRESS			
CITY-ST-ZIP	,		5.4 CITY-ST-ZIP			
TITLE .	· · · _	C DELETE	6.1 TITLE		Change	☐ Addition
NAME	. •		62 NAME		-	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	and its that the information and it is	the last and a second	6.4 CITY-ST-ZIP			
14. I nereby o	perury mat the information supplied with	n this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes: I further	certify that the in	formation

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, with all other like empowered.

SIGNATURE:

SIGNADURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.12.99