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 # P97000101666

1. Corporation Name

JUMBO CHINA, INC.

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90048 017 ***150.00

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Principal Plac	ce of Business	Mailing Address							
9518 SW 1 PL		9518 SW 1 PLACE CORAL SPRINGS FL 33071							
CORAL SPRING	3S FL 33071					DO NOT WRITE IN THIS COLOR			
						DO NOT WRITE IN TH 3. Date Incorporated or Qualifed	IS SPACE		7
						01/02/1998			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number 0 1 0 000 0		pplied For	┨
1400	Palm Reach Lakes Bh				Kon Blow	762 1811832	 	ot Applicable	
Suite, Apt.		Suite, Apt. #, etc.			des plan			Additional	1
22	•	27			-	5. Certificate of Status Desired		equired	ŀ
City & Stat	te 0 . t — 4	City & State				6. Election Campaign Financing \$5.00 May Be			
23 West	Palm Bch, F-C.	28 West Palm Bch, Fl.			,	Trust Fund Contribution	Added	to Fees	
Zip ⊐ ⊃ کاتاملا	Odintry Country	Zip		untry		8. This corporation owes the current year I		h.e	
4334°	1-51		30			Personal Property Tax.	∐ Yes	[X] No	
	9. Name and Address of Current	Registered Agent		81 N	Name	10. Name and Address of New Registere	a Agent	·	1
AME	RILAWYER				vaille				
343	ALMERIA AVENUE		82 Street Addre		ss (P.O. Box Number is Not Acceptable)				
COR	RAL GABLES FL 33134			83					ł
						•	1		
				84 0	City	F	85 Zip	Code	1
11, Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the a	bove-n	amed corpor	ration submits this statement for the purpose	of changing its	registered	ĺ
office or r	registered agent, or both, in the State of im familiar with, and accept the obligation	if Florida. Such change was au	rthorized	d by the	corporation	's board of directors. I hereby accept the app	ointment as re	gistered	-
SIGNATURE	Gil it					-	31-99	{	ĺ
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	d Agent sig	nature required w	when reinstating) DATE			ءَ ا
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A			3
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CITY-ST-ZIP	CORAL SPRINGS FL 3307 I	☐ DELETE	_	ITY-ST-ZJI	P		Channe	T Addition	Ì
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CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR