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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000106739

FILED Mar 12 1998 8:00am Secretary of State

LING LING, INC.					
					AME ONAL LEGER COLOR ION CLO
Principal Place	n of Rusinoss	Mailing Address		-{	#HO 61411 HOODO #HYO H#H HOOL
626 GLADES RD. 626 GLADES RD. BOCA RATON FL 33431 BOCA RATON FL 33431					
		20011 1111011 12 00101		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified 12/18/1997	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number 6.5-0809170	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27 City & State City & State		27 Carlo Chale	····		Fee Required
23	3	28 Siale		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the cu	
24	25	— ├── · · · —	10		Yes No
	9. Name and Address of Curre			10. Name and Address of New Registered	Agent
CHOU, KUO CHIANG				France Aboutch	
626 GLADES RD.			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	47.0
BOCA RATON FL 33431			56	or poinsettia live	# 709
			63	,	ļ
			84 City	t Pah. Roach Fl	85 Zip Code
11 Pursuant to the provisions of Sections 607 05:02 and 607 1508 Florida Statutes, the above partied corporation submits this statement for the purpose of changing its registerer					
office or registered agent, or both, in the Status 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 appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with a composition of the appointment as registered agent. I am familiar with a composition of the appointment as registered agent. I am familiar with a composition of the appointment as registered agent. I am familiar with a composition of the appointment as registered agent. I am familiar with a composition of the appointment as registered agent. I am familiar with a composition of the appointment as registered agent. I am familiar with a composition of the appointment as registered agent. I am familiar with a composition of the appointment as registered agent. I am familiar with a composition of the appointment as registered agent. I am familiar with a composition of the appointment and the appointment as registered agent. I am familiar with a composition of the appointment as registered agent. I am familiar with a composition of the appointment as registered agent. I am familiar with a composition of the appointment as registered agent. I am familiar with a composition of the appointment as registered agent. I am familiar with a composition of the appointment as registered agent. I am familiar with a composition of the appointment as registered agent. I am familiar with a composition of the appointment as registered agent. I am familiar with a composition of the appointment and a composition of the appointment and a composition of the appointment and a					
SIGNATURE Stalle miles					
12.	Signature, by the state of maintained ag	post and life if applicable (NOTE NO DIRECTORS	Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	CHOU, KUO CHIANG		1.2 NAME		
STREET ADDRESS	626 GLADES RD.		1.3 STREET ADDRESS	•	
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2 1 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		1
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP] DELETE	3.4. CITY-ST-ZIP	<u> </u>	Change Addition
TITLE		LJ becele	4.1 TITLE		CT cliange CT vodition
NAME OVEREY ADDRESS			4. 2 NAME		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS]
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Ì
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		ĺ
STREET ADDRESS			6.3 STREET ADDRESS)
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. Thereby c	ertify that the information supplied v	vith this filing does not qualify for	the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further c	ertify that the Information

14. Thereby 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 frustee 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 attantinent with an address.

SIGNATURE:

Man Sun Min II

3/1/98

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