

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

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

04-26-1999 90171 045 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000053449**

1. Corporation Name
WONDER JADE, INC.



Principal Place of Business 10458 SW 16TH STREET PEMBROKE PINES FL 33025	Mailing Address 10458 SW 16TH STREET PEMBROKE PINES FL 33025
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9107 TAFT ST., Suite, Apt. #, etc. 22 City & State 23 PEMBROKE PINES FL Zip 24 33024	2a. Mailing Address 26 11471 W. SAMPLE ROAD Suite, Apt. #, etc. 27 SUITE 41 City & State 28 CORAL SPRINGS FL Zip 29 33065	3. Date Incorporated or Qualified 06/12/1998	4. FEI Number 65-0843554 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

WU, QIAN YAO
10458 SW 16TH STREET
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent

81 Name WU, QIAN YAO	82 Street Address (P.O. Box Number is Not Acceptable) 9107 TAFT STREET	83	84 City PEMBROKE PINES	85 Zip Code FL 33024
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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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *X Qian Yao Wu Vice president* Apr. 21, 99
Signature, typed or printed name of registered agent and title if applicable. (If E-Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	D WU, QIAN YAO	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	10458 SW 16TH STREET	1.3 STREET ADDRESS	
	PEMBROKE PINES FL 33025	1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	D WU, XUE CAI	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	10458 SW 16TH STREET	2.1 TITLE	
	PEMBROKE PINES FL 33025	2.2 NAME	
<input type="checkbox"/> DELETE	D LI, JIN ZHANG	2.3 STREET ADDRESS	
	10458 SW 16TH STREET	2.4 CITY-ST-ZIP	
	PEMBROKE PINES FL 33025	3.1 TITLE	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 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.

SIGNATURE: *X Qian Yao Wu Vice president* Apr. 21, 99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)