

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90228 034 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$350.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P980000 98427 ✓

US International Healthcare, Inc.

Principal Place of Business Mailing Address
9363 Fontainebleau Blvd.
Room H-204
Miami, FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quashed
Nov. 19 1998

4. FE Number
65-0878199

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. This corporation owes the current year intangible Personal Property Tax. ☒ Yes ☐ No

Principal Place of Business
23. Mailing Address
653 NE 9363 Fontainebleau Blvd.
Room H-204
Miami, FL
33172
Country USA

24. City & State
25. Zip
26. Country

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

JIADU LU
9363 Fontainebleau Blvd
H-204
Miami, FL 33172

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, I, the undersigned, being the registered agent 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent

(NOTE: Registered Agent signature required when removing)

4127199

12. OFFICERS AND DIRECTORS
1. TITLE President
2. NAME JIADU LU
3. STREET ADDRESS Same address as above
4. CITY, ST, ZIP
5. TITLE Vice President
6. NAME YUNG CHUN WANG
7. STREET ADDRESS Same address as above
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN
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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:

Signature of Registered Agent

4127199

Continued on page 2