FILED

DOCUMENT # P9900052643  CHINA: 1-AT-PLANT CITY, INC.							Jan 15, 2002 8:00 am Secretary of State 01-15-2002 90050 030 ***150.00			
Principal Place of Business 1862 JIM REDMAN ROAD PANT CITY FL 33567			Mailing Address 1862 JIM REDMAN ROAD PANT CITY FL 33567				T TOTALISTO NO JANKO NENIK BENIK BONIK BONIK BO	187 87118 (1848 87114	<b>81888</b> filk 1 <b>88</b> 4	
2. Principal P	Place of Busines	S	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THI	S SPACE		
City & Stat	e. , .		City & State			4.	FEI Number 59-3577500	_ <del>                                    </del>	plied For t Applicable	
Zip		Country	Zip	Coun	itry	5.	Certificate of Status Desired	\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent						7.	Name and Address of New Registere	d Agent		
HUI LIN, ZHENG 1862 JIM REDMAN ROAD					Name Street Add	SHAN dress (P.O.	V JIAO, CHEI Box Number is Not Acceptable)	1		
PANT CITY FL 33567					1863	T: K	Radiosan Hunt N		.,,	
TAIN OUT TE GOOD!					CityPlO	unt c	Kedman HWY N Eity F		367	
8. The above	SHAV	ubmits this statement for  ———————————————————————————————————	N		ed office or re		gent, or both, in the State of Florida.	107/8	2	
9. This corporation is eligible to satisfy its Intangible tax filing requirement and elects to do so.  (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			0.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.0 Added	<b>0</b> May Be I to Fees	
11.		OFFICERS AND D	DIRECTORS	12.		Αl	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	3 IN 11	
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP	HUÌ ÚN, <u>Zi</u>	EDMAN ROAD	☐ Delete		1		<del></del>	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JIAO, CHEN	I SHAN EDMAN ROAD	☐ Delete	TITLI NAM STRE	E			☐ Change	Addition	
TITLE	VPD	MO, CHEN REDMAN ROA STY FL 335	Delete	. TITLI NAM STRE	E			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		- 1			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITLI NAM STRE				☐ Change	☐ Addition	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP