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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

S14456

(5)

## **FILED** Apr 02 1997 8:00am Secretary of State

Principal Plac	U CORP. De of Business RSITY BLVD., NORTH LE FL 32211	Mailing Address 1126 UNIVERSITY BLVD NO JACKSONVILLE FL 32211-885			
				3. Date Incorporated or Qualified 11/27/1990	3a. Date of Last Report 05/01/1996
i	Pace of Business	2a. Mailing Address	O= A/	4. FEI Number	Applied For
Suite, Apt	# cate	26 2610 Main. Suite, Apt. #, etc.	ST. N.	59-3036645	Not Applicable
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	le	City & State 28 Jack Sowille	0 FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	29 300 06 30			Yes No
	<ol> <li>Name and Address of Current RIAS, ROBERTO</li> </ol>	Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
519 NEWNAN STREET					
JACKSONVILLE FL 32202			82 Street Ac	Idress (P.O. Box Number is Not Acceptal	ble)
			83		
			84 City		85 Zip Code
	607.0100	and COZ 4500 Cincide Ciet day	<u> </u>		FL   10   2   5   Code
office or i	registered agent, or both, in the State i	of Florida, Such change was author	orized by the corpo	orporation submits this statement for the pration's board of directors. I hereby acce	purpose of changing its registered of the appointment as registered
	am lamiliar with, and accept the obliga	tions of, Section 607.0505, Florida	i Statutes.		
SIGNATURE	is year or type a organization of strengthered agen		gistered Agent signature re-	·	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	
TITLE	LU, LI PING	☐ DETEAE	1.1 TITLE	is in Pina	Change L Addition
NAME STREET ANOMESS	1100 HAIR/COUTY DIVID AL	Ĭ	1.3 STREET ADDRESS	agin mainstre	et North
OPA SE AS	JACKSONVILLE FL		1.4 CITY - ST - ZIP	u, li Ping 1400 mainstre JACKSONVIILE	FL 32206
Id:f	DTS	☐ DELETE	21 TITLE	7.092.13.7.3	Change Addition
NAME	LU, HAO DONG		2.2 NAME		
STREET ADDRESS	1126 UNIVERSITY BLVD N.		2 3 STREET ADDRESS		
CITY ST 7H	JACKSONVILLE FL		2. 4 CITY - ST - ZIP		
TH		DELETE	3.1 TITLE		Change L. Addition
NAMI Canada Database		}	3 2 NAME		
STREET ADDRESS		ł	3.3 STREET ADDRESS		
CHY-SI-ZIF TOLE		DELETE	3.4 CITY-ST-ZIP		Change Addition
NAME			4. 2 NAME		Print 4 Brief (
SUBSELLATIONESS		}	4.3 STREET ADDRESS		
CITA- 21 Zie			4.4 CITY - ST- 2IP		
TRUE	The state of the s	☐ DELETE	51 TITLE		Change Addition
NAM		j	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
City S' Zip		Driege	5.4 City-St-ZiP		1 0 1 1 4 a 10 a
THEF		DELETE	6.1 TITLE		☐ Change ☐ Addition
MAME		ļ	6.2 NAME		
STREET ADORESS		ł	6.3 STREET ADDRESS		
CHY-\$1-Z- 14. I do nere	1 by cettly that the information sooolied	with this filing does not qualify to	64 City-St-ZiP the exemption state	led in Section 119.07(3)(i), Florida Statute	es. I further certify that the

information indicated on this armust report or supplying the strain of the exemption state in section 1950/6/0), Forday statutes. Hunter being that the information indicated on this armust report or supplying the analysis 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 preciper 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 of an attachment with invaddress.

SIGNATURE:

0034235