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FILED

May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S63645 (3)

1. Corporation Name
FLORIDA SPLENDID CHINA, INC.

Principal Place of Business
3000 SPLENDID CHINA
KISSIMMEE FL 34747
US

Mailing Address
3000 SPLENDID CHINA
KISSIMMEE FL 34747-1765
US



3. Date Incorporated or Qualified 06/27/1991 3a. Date of Last Report 02/29/1996

4. FEI Number 59-3050852 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

BALL, PAO L
3000 SPLENDID CHINA
KISSIMMEE FL 32747

10. Name and Address of New Registered Agent

81 Name YANG, GUANG
82 Street Address (P.O. Box Number is Not Acceptable) 3000 SPLENDID CHINA BLVD
83
84 City KISSIMMEE FL 85 Zip Code 34747

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	ZHU, YUE-NING	
STREET ADDRESS	78-83 CONNAUGHT RD C	
CITY- ST- ZIP	HONG KONG	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WU, XIN	
STREET ADDRESS	7980 W. IRLO BRONSON HWY, SUITE 1111	
CITY- ST- ZIP	KISSIMMEE FL 34747	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MA, QIMOU	
STREET ADDRESS	3000 SPLENDID CHINA	
CITY- ST- ZIP	KISSIMMEE FL 34747	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BALL, PAO LIN	
STREET ADDRESS	509 NEVADA LOOP RD	
CITY- ST- ZIP	DAVENPORT FL 33837	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	YU, JIANNIAN	
STREET ADDRESS	3000 SPLENDID CHINA BLVD	
CITY- ST- ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	700002196887
2.3 STREET ADDRESS	-06/02/97--01002--010
2.4 CITY- ST- ZIP	***B25.00
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CAO, XIAONING
3.3 STREET ADDRESS	3000 SPLENDID CHINA BLVD
3.4 CITY- ST- ZIP	KISSIMMEE, FL 34747
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	YANG, GUANG
4.3 STREET ADDRESS	3000 SPLENDID CHINA BLVD
4.4 CITY- ST- ZIP	KISSIMMEE, FL 34747
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	YANG, GUANG
5.3 STREET ADDRESS	3000 SPLENDID CHINA BLVD
5.4 CITY- ST- ZIP	KISSIMMEE, FL 34747
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

PG 5-39