FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 28 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 # **V33346** **(0)**

1. Corporation Name
JIALING MOTORCYCLE (AMERICA) CORPORATION

Principal Place of Business	Mailing Address
2335 N.W. 107TH AVE. 2M12 BOX 56 MIAMI FL 33172 US	2335 N.W. 107TH AVE. STORE 2M06 MIAMI FL 33172-2165

3. Date Incorporated or Qualified: 05/01/1992
3a. Date of Last Report: 05/14/1996

2. Principal Place of Business
21 10914 N.W. 33rd St.
Suite, Apt. #, etc.
22 Suite 100
City & State
23 Miami, FL
Zip 24 33172-5028 Country 25

2a. Mailing Address
26 10914 N.W. 33rd St.
Suite, Apt. #, etc.
27 Suite 100
City & State
28 Miami, FL
Zip 29 33172-5028 Country 30

4. FEI Number: 65-0330190 ☐ 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

9. Name and Address of Current Registered Agent
ZHU, LONG
10291 N.W. 58TH TERR.
MIAMI FL 33178

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 10291 N.W. 56th Terr.
83
84 City Miami FL 85 Zip Code 33178

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ZHU, LONG		1.2 NAME		
STREET ADDRESS	2335 N.W. 107 AVENUE, BOX 56		1.3 STREET ADDRESS	10291 N.W. 56th Terr.	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, FL 33178	
TITLE	V	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	ZHU, MING H		2.2 NAME		
STREET ADDRESS	2335 N.W. 107 AVENUE, BOX 56		2.3 STREET ADDRESS	9710 N.W. 51st Ln.	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FL 33178	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Long Zhu 4-18-97 (305) 477-1277