

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90150 015 ***150.00

FILE NOW FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V33346
 1. Corporation Name
 Jialing Motorcycle (America) Corporation

Principal Place of Business 10914 N.W. 33rd St. Suite 100 Miami, FL 33172-5028	Mailing Address 10914 N.W. 33rd St. Suite 100 Miami, FL 33172-5028
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	26. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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3. Date incorporated or Qualified: 05/01/92

4. FEI Number: 65-0330190	Applied For: <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
 Wachs, Jeffrey S.
 1177 S.E. 3rd Ave.
 Ft. Lauderdale, FL 33316

10. Name and Address of New Registered Agent

81 Name: Xu, Lin	85 Zip Code: 33172-1027
82 Street Address (P.O. Box Number is Not Acceptable): 10914 N.W. 33rd St., Suite 100	
83	
84 City: Miami	FL

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: Lin Xu (Signature) DATE: 05/20/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE: D/P/S/T	<input checked="" type="checkbox"/> DELETE	11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Zhu, Ming H.		12 NAME:	
STREET ADDRESS: 9710 N.W. 51st Lane		13 STREET ADDRESS:	
CITY - ST - ZIP: Miami, FL 33178		14 CITY - ST - ZIP:	
TITLE:	<input type="checkbox"/> DELETE	21 TITLE: D/P/S/T/	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		22 NAME: Xu, Lin	
STREET ADDRESS:		23 STREET ADDRESS: 10914 N.W. 33rd St., Suite 100	
CITY - ST - ZIP:		24 CITY - ST - ZIP: Miami, FL 33172-1027	
TITLE:	<input type="checkbox"/> DELETE	31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		32 NAME:	
STREET ADDRESS:		33 STREET ADDRESS:	
CITY - ST - ZIP:		34 CITY - ST - ZIP:	
TITLE:	<input type="checkbox"/> DELETE	41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		42 NAME:	
STREET ADDRESS:		43 STREET ADDRESS:	
CITY - ST - ZIP:		44 CITY - ST - ZIP:	
TITLE:	<input type="checkbox"/> DELETE	51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		52 NAME:	
STREET ADDRESS:		53 STREET ADDRESS:	
CITY - ST - ZIP:		54 CITY - ST - ZIP:	
TITLE:	<input type="checkbox"/> DELETE	61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		62 NAME:	
STREET ADDRESS:		63 STREET ADDRESS:	
CITY - ST - ZIP:		64 CITY - ST - ZIP:	

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: Lin Xu (Signature) DATE: 05/21/99 DAYTIME PHONE #: (305) 477-1277