

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V63121

(0)

1. Corporation Name:

KUI'S ENTERPRISES U.S.A., INC.



Principal Place of Business

2137 51 ST SW
NAPLES FL 33999

Mailing Address

2137 51 ST SW
NAPLES FL 33999

2. Principal Place of Business

21 5272 MAPLE LN
Suite Apt #, etc.

22

City & State

23 NAPLES

Zip

24 33962

Country

25 USA

2a. Mailing Address

26 PO Box 7754
Suite Apt #, etc.

27

City & State

28 NAPLES

Zip

29 33941

Country

30 USA

9. Name and Address of Current Registered Agent

ZHANG, MICHAEL X.
13899 BISCAYNE BLVD
SUITE 300
N MIAMI BEACH FL 33181

3. Date Incorporation or Qualified
09/11/1992

3a. Date of Last Report
05/01/1995

4. FET Number
65-0357004

Applied For
Not Applied

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 Statute ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Section 609, Chapter 96, 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 609, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE: D
NAME: KUI YONG QUAN
STREET ADDRESS: 2137 51 ST SW
CITY, ST, ZIP: NAPLES FL

2. TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY, ST, ZIP: ☐ DELETE

3. TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY, ST, ZIP: ☐ DELETE

4. TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY, ST, ZIP: ☐ DELETE

5. TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY, ST, ZIP: ☐ DELETE

6. TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY, ST, ZIP: ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: ☒ Change ☐ Addition
NAME: KUI YONG QUAN
STREET ADDRESS: 5272 MAPLE LN
CITY, ST, ZIP: NAPLES FL 33962

2. TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY, ST, ZIP: ☐ Change ☐ Addition

3. TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY, ST, ZIP: ☐ Change ☐ Addition

4. TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY, ST, ZIP: ☐ Change ☐ Addition

5. TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY, ST, ZIP: ☐ Change ☐ Addition

6. TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY, ST, ZIP: ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption stated in Section 119.07(3)(a), Florida Statutes. Furthermore, that the information included on this annual report is a true and correct statement of the corporation's affairs and is not false or misleading in any material particular. I am an officer or director of the corporation or a person or persons empowered to execute this report as required by Chapter 609, Florida Statutes, and that my name appears in Part 12 or Part 13 of this annual report.

SIGNATURE:

Kui / Quan

SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR

4.11.96

CR2E034 (12/95)