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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V63121

(0)

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

FILED Apr 23 1998 8:00am Secretary of State



D 151					
Principal Place of Business Mailing Address					
5272 MAPLE I NAPLES FL 3		PO BOX 7754 NAPLES FL 33941			
US		US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				09/11/1992	
	lace of Business	2a. Mailing Address	77 = 11.	4. FEI Number	Applied For
21213	1 2/3/30		1114	65-0357004	Not Applicable
Suite, Apt. # etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			
23 NAPLES FL		28 NAPLES FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	2φ_	Country	8. This corporation owes or has paid the c	
24 3411	6 25 U.S. A	29 34/0/ 3	0 <i>U S H</i>	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered	d Agent
ZHANG, MICHAEL X. 81 Nat				YONG QUAN KUL	
	99 BISCAYNE BLVD		B2 Street Ac	dress (P.O. Box Number is Not Acceptable)	
	ITE 300		2/3	77 51 ST SW	
N MIAMI BEACH FL 33181					
			84 City 44	holec de	85 Zin Code «
			NY	IPLES TL FI	L 34116
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named colporation 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.					
agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.					
SIGNATURE Step there is head at control rates of registered agent and the if apply able: (NOTE Stepistered Agent signature required when reinstating) DATE					
			Hegistered Agent signature re-	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 12
12.	D OF ICE III A	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICENS AF	Change Addition
NAME	KUI YONG QUAN		1.2 NAME		
STREET ADDRESS	5272 MAPPLE LANE		1.3 STREET ADDRESS		
City-St-ZiP	NAPLES FL		1.4 City-St-ZiP		
TITLE		DELETE	21 TITLE		Change Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST ZIF			2. 4 CITY-ST-ZIP		
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		DELLITE	4 1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZiP			4.4 CHY-ST-ZIP		
THILE		☐ DELETE	51 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		The state of the s	5.4 CITY-ST-ZIP		Dobres Diagram
T†TLE		☐ ĐELETE	61 THLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-S1-ZIP			6.4 CITY-ST-ZIP		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(r), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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

CICNATURE.