

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

FILED
 APR 29 AM 10:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # *998000017274*

1. Corporation Name
Harbour Plaza Marketing Inc.

Principal Place of Business: **8525 N.W. 53rd Terrace, Suite 109, Miami, Florida 33166, U.S.A.**
 Mailing Address: **8525 N.W. 53rd Terrace, Suite 109, Miami, Florida 33166, U.S.A.**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Suite, Apt. #, etc.					Suite, Apt. #, etc.				
City & State					City & State				
Zip					Zip				
Country					Country				

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **23rd February, 1998**

4. FEI Number: **65-0852569** Applied For Not Applicable

5. Certificate of Status Desired: **not required** \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: **not required** \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
Corporation Service Company
1201 Hays Street, Tallahassee, Florida 32301, U.S.A.

81	82	83	84	85
Name	Street Address (P.O. Box Number is Not Acceptable)		City	Zip Code
				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: **N/A**
 Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating
 DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director	11 TITLE	
NAME	Susan Chow	12 NAME	
STREET ADDRESS	22nd Floor, Hutchison House,	13 STREET ADDRESS	
CITY-ST-ZIP	10 Harcourt Road, Hong Kong	14 CITY-ST-ZIP	
TITLE	Director and President	21 TITLE	
NAME	Dominic Lai	22 NAME	
STREET ADDRESS	22nd Floor, Hutchison House,	23 STREET ADDRESS	
CITY-ST-ZIP	10 Harcourt Road, Hong Kong	24 CITY-ST-ZIP	
TITLE	Director and Treasurer	31 TITLE	
NAME	P. C. Koh	32 NAME	
STREET ADDRESS	22nd Floor, Hutchison House,	33 STREET ADDRESS	
CITY-ST-ZIP	10 Harcourt Road, Hong Kong	34 CITY-ST-ZIP	
TITLE	Director and Secretary	41 TITLE	
NAME	Edith Shih	42 NAME	
STREET ADDRESS	22nd Floor, Hutchison House,	43 STREET ADDRESS	
CITY-ST-ZIP	10 Harcourt Road, Hong Kong	44 CITY-ST-ZIP	
TITLE	Director and Vice President	51 TITLE	
NAME	E. A. Waldburger	52 NAME	
STREET ADDRESS	22nd Floor, Hutchison House,	53 STREET ADDRESS	
CITY-ST-ZIP	10 Harcourt Road, Hong Kong	54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 ****300.00 ****150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 139.07(3)(d), 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: *[Signature]*
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27th April, 1999

CR2E034 (11/98)