FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997

CHINA GROUP LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

^{1a}.**A94000000090**

FILED 97 JAN 13 AM II: II SECRETARY CE STATE TALLAHASSEE, FLORIDA



### State Country of Formation Suite, Apt #, etc. Suite, Apt #, etc						
28. Principal Office Address 28. Principal Office Address 28. Unit, Apt. #, etc. Suite, Apt. #, etc. City & State City &		9101 S.R. 535		01/20/1994		
28. Principal Office Address Suito, Apt. #, etc. Suito, Apt. #, etc. Suito, Apt. #, etc. City & State Country Py Country Ry Sar Address of Current Registered Agent CYNTHIA YU 9101 S.R. 355 ORLANDO FL 32836 Suito, Apt. #, etc. City & State City & State City & State City & State Country Ry Sar Address of Current Registered Agent Country Sar Address of Current Registered Agent Country Sar Address of Current Registered Agent Country Sar Address of Current Registered Agent City Sar State C				3a. Date of Last Report 04/01/1996	5h	
City & State Country In Applicable Applicable Registered Appart Cities Country Name Section Address (P.O. Box Number is Not Applicable) Section Address (P.O. Box Number is Not Applicable) Section Applicable Country Section Applicable Country Section Address (P.O. Box Number is Not Applicable) Section Applicable Section Applicable City By Coole Section Applicable Section Applicable Section Applicable Section Applicable Section Applicable Country Section Address (P.O. Box Number is Not Applicable) Section Applicable Registered Appart Applicable Applicable To Registrate Applicable City By Coole Country MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of Consert Partner(s) AMERICANA HERITAGE GROUP, IN AMERICANA HERITAGE	2. Mailing Address	2a. Principal Office Address			Contributions in FLORIDA to date:	
To Country To Cou	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number		
The Required Fee R	City & State	City & State		59-3416273		
9, Name and Address of Current Registered Agent CYNTHIA YU 9101 S.R. 535 ORLANDO FL 32838 Suite. Apt. #. etc.	Zip Country	Zip Country			Fee Required	
Name Name Street Address (P.O. Box Number is Not Appendix Name Street Address (P.O. Box Number is Not Appendix Not Not Name				Si maro sidok pajdalo to sopi. Si	State (coordinates state to the state of the	
Street Address (P.O. Box Number is Not Appendicite) Suite, Apt. #, etc.						
ORLANDO FL 32836 Suite, Apt. #, atc. DIT/T7/9T-01043-0107 *******217-50 ********217-50 Dity *******217-50 *********217-50 Dity Dity FL Dity The provisions of sections 620 1051 and 620 192. Florida Statutes, the above-nemes limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent accept the obligations of section 620 192, Florida Statutes. A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11. (po Address of Bart, General Partner) AMERICANA HERITAGE GROUP, IN VARS CAROOSAY COURTY X 9099 S.R. 535 ORLANDO, FL 32836 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. Ido hereby certly that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption state of in Section 119 07(3)(s). Florida Statutes. Trelease the Division of Corporations from any leability of non-compliance with Section 119 07(3)(s) in the event that the information supplied is deerned exempt from public access. Lithther certify that It am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. I A. H. Division of the section 119 07(3)(s) in the event that the information supplied is deerned exempt from public access. Lithther certify that It am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			Street Address (P.O. Box Number is Not Acceptable)			
Total Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered diffice or registered agent, or both. In the State of Florida, Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent accept the obligations of section 620 192, Florida Statutes. **SIGNATURE** (Registered Agent Accepting Appointment)** **A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.** 11. **Name(s) of General Partner(s)** **AMERICANA HERITAGE GROUP, IN **XHEX CALVOSAVGOURRX** 9099 S.R. 535 **ORLANDO, FL 32836 **Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.** 12. **Lob hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 19 07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual reports in the and accurate and that have the same legal effects as if made under cells. I further certify that I am a General Partner of the limited partnership, receiver or truste empowered to execute this report as required by chapter 620, Florida Statutes.			800002061768556			
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AMERICANA HERITAGE GROUP, IN SALEY SALOOSAY COURTY X 9099 S.R. 535 ORLANDO, FL 32836 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Provide Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or truster empowered to execute this report as required by chapter 620, Florida Statutes.	MUS	T BE REGISTERED AN	D ACTIVE WI	TNERSHIP OR OTHE TH THIS OFFICE.		
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Typed or Printed Name of General Partner Signing Form NELSON YING, PRESIDENT, AMERICANA HERITAGE 407-876-1793	SIGNATURE	J4/1		DATE	11/15/96	
	Typed or Printed Name of General Partner Stoping Form	TICOM UTNO DOCCTOCHT				