

05-13-1999 90043 038 ****61.25

560759 - 90073 - 26

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PAUL LIAO 10026 BUNKER ROAD LEESBURG, FL 34788		81 Name	LAO, Bo-Yu
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	10026 BUNKER ROAD
		84 City	LEESBURG FL
		85 Zip Code	34788

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	P.D. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAI, JO	1.2 NAME	BO-YU LAO
STREET ADDRESS	10026 BUNKER RD	1.3 STREET ADDRESS	10026 BUNKER ROAD
CITY-ST-ZIP	LEESBURG, FL 34788	1.4 CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	V.P.D. <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WANG, D.	2.2 NAME	LIANG, BRIAN
STREET ADDRESS	2227 S. PINE AVE, #103	2.3 STREET ADDRESS	1226 E. COLONIAL DR. #B
CITY-ST-ZIP	OCALA, FL 34471	2.4 CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	V.P.D. <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V.P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SU, W.	3.2 NAME	WANG, PETER
STREET ADDRESS	7312 GREEN PINE CT.	3.3 STREET ADDRESS	1220 E. COLONIAL DR.
CITY-ST-ZIP	ORLANDO, FL 32819	3.4 CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIAO, B.	4.2 NAME	
STREET ADDRESS	4949 IAT'L DR. FL-3	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32819	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN LIANG, TREASURER 3-25-99

10

407-898-7144

Daytime Phone # _____