FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 2:30

DOCUMENT # P94000051222 (5)

1. Corporate Name

HAN TANG SCHOOL OF ACUPUNCTURE AND ORIENTAL MEDI CINE, INC.

Principal Place of Business: 120 VENETIAN WAY, #22 MERRITT ISLAND FL 32953

Mailing Address: 120 VENETIAN WAY, #22 MERRITT ISLAND FL 32953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/07/1994

3a. Date of Last Report:

4. FEI Number: 59-3284158 — Applied For / Not Applicable

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 Statutes. [ ] Yes [X] No

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

9. Name and Address of Current Registered Agent

NI, BO-SHIH
120 VENETIAN WAY, #22
MERRITT ISLAND FL 32953

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 sections 607.0502 and 617.0502, 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 X [signature] 5/2/95

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Han-Shia Ni
STREET ADDRESS	340 Florida Blvd
CITY-ST-ZIP	Merritt Island, Fl 32953
TITLE	Vice president
NAME	Bo-shih Ni
STREET ADDRESS	42 Bryant Pl
CITY-ST-ZIP	Merritt Island, Fl 32953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rozanne Smith Secretary, 360 Northgrove Dr, Merritt Island Fl 32953	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REMITTED BY MAY 1	[ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on the 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.

SIGNATURE: [signature] Bo-Shih Ni 4/19/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

0070601 CP