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SIGNATURE:

PROFIT

Jun 25 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1**9**98 DOCUMENT # P94000075622 (8) ZU HSIN, INC. Principal Place of Business Mailing Address CONSULTING SERVICE CONSULTING SERVICE 8748 WITTENWOOD CV 8748 WITTENWOOD CV. DO NOT WRITE IN THIS SPACE ORLANDO FL 32836 ORLANDO FL 32836 3. Date Incorporated or Qualified 10/13/1994 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For Not Applicable 21 59-3274677 26 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country Zip 2m8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHEN, CHRISTINE 8748 WITTENWOOD CV. 62 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32836 **B3** R4 City Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 15:08, 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. Thereby accept the appointment as registered agent. I am lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 113006 YEN, CHEN SHU-CHIA NAME 1.2 NAME 8748 WITTENWOOD CV. STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32836 1.4 C(TY - ST - Z(P CITY-ST-ZIP DELETE 2.1 TILE Change Addition TITLE CHZW. CHRISTINE NAME 2.2 NAME 8748 WITTENWOOD CV. STREET ADDRESS 23 STREET ADDRESS ORLANDO FL 32836 CITY-ST-ZIP 2 4 CiTY-S1-7IP DELETE Change Addition TITLE 3 1 1/1LF 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-S1-ZIP 34. CITY-S1-7IP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DILETE Change Addition 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS 5.4 City - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 THILE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIF 14. Thereby certify that the information supplied with this filing closs 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 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

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