

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

DOCUMENT # P94000086114

AMENDED 99

1. Corporation Name

UNITED STATES TOURISM PROMOTION AND MARKETING  
CORPORATION

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 P.O. BOX 22887

27 P.O. BOX 22887

23 City & State

28 City & State

LAKE BUENA VISTA, FL

LAKE BUENA VISTA, FL

24 Zip

25 Country

29 Zip

30 Country

32830

US

32830

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name CYNTHIA YU

82 Street Address (P.O. Box Number is Not Acceptable)  
C/O MARCO POLO COLUMBUS & FERRARI

83 9101 SR 535, SUITE 300

84 City ORLANDO

FL

85 Zip Code 32836

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

CYNTHIA YU

08/11/1999

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	YING, JAMES
STREET ADDRESS		1.3 STREET ADDRESS	(N/A) P.O. BOX 22887
CITY-ST-ZIP		1.4 CITY-ST-ZIP	LAKE BUENA VISTA, FL 32830
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	YING, NELSON
STREET ADDRESS		2.3 STREET ADDRESS	(N/A) P.O. BOX 22887
CITY-ST-ZIP		2.4 CITY-ST-ZIP	LAKE BUENA VISTA, FL 32830
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	VASD
STREET ADDRESS		3.3 STREET ADDRESS	YING, NELSON DR.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	(N/A) P.O. BOX 22887
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	300002983013--7
CITY-ST-ZIP		4.4 CITY-ST-ZIP	09/09/99-01082-003
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	*****51.25 *****51.25
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 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:

NELSON YING

08/11/1999

(407)-876-1793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)