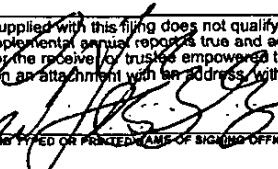


FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90019 012 \*\*\*150.00

<p>PROFIT CORPORATION ANNUAL REPORT 1999</p> 		<p>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</p>	
<p>DOCUMENT # P94000092810</p> <p>1. Corporation Name CHINA CITY CORPORATION, INC.</p>			
<p>Principal Place of Business 3049 COMMERCIAL WAY SPRING HILL FL 34606 US</p>		<p>Mailing Address 3049 COMMERCIAL WAY SPRING HILL FL 34606 US</p>	
<p>2. Principal Place of Business 21 CHINA CITY Suite, Apt. #, etc. 22 3049 COMMERCIAL WAY City &amp; State 23 SPRING HILL FL</p>		<p>2a. Mailing Address 28 CHINA CITY Suite, Apt. #, etc. 27 3049 COMMERCIAL WAY City &amp; State 28 SPRING HILL</p>	
<p>Zip 24 FL 34606</p>		<p>Zip 29 34606</p>	
<p>Country 25 Hernando</p>		<p>Country 29 34606</p>	
<p>9. Name and Address of Current Registered Agent ZENG, GUANG T 3049 COMMERCIAL WAY SPRING HILL FL 34606</p>			
<p>10. Name and Address of New Registered Agent</p>			
<p>B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code</p>			
<p>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.</p>			
<p>SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____)</p>			
<p>12. OFFICERS AND DIRECTORS</p>		<p>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</p>	
<p>TITLE PD NAME ZENG, GUANG T STREET ADDRESS 7374 CANTERBURY ST CITY-ST-ZIP SPRING HILL FL 34606</p>		<p>1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP</p>	
<p>TITLE STD NAME LIN, JIN T STREET ADDRESS 200 73RD AVE. NORTH CITY-ST-ZIP ST. PETERSBURG FL 33702</p>		<p>2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p>3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p>4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p>5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p>6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP</p>	
<p>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 reports 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.</p>			
<p>SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>			

CR2E034 (11/98)

15-99 252-666-415  
Date \_\_\_\_\_  
Daytime Phone # \_\_\_\_\_