FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9500007557 (8)

GREAT WALL, INC.

Principal Place of Business	Mailing Address

FILED Jan 24 1997 8:00am Secretary of State



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1428 WEST LAI LANTANA FL 3			28 WEST LANTANA : Antana FL 33462-153												
									Date Incorporated or 0 01/27/1995	Qualified	3a. Date of Last Report 02/19/1996				
2. Principal Pl	ace of Business	2a.	Mailing Address					4.	FEI Number		<u></u>		Applied	l For	
21			26					65-0554947 Not Applica					olicable		
Suite, Apt #, etc		27	Suite, Apt. #, etc.					5.	Certificate of Status De	esired		\$8.75 Additional Fee Required			
City & State		28	City & State						Election Campaign Fin Trust Fund Contribution	_			00 May		
Zip 24	Country 25	29	Zip Coun						This corporation has li-	_		tax unde] No	rs. 199.	.032,	
	9. Name and Address of Curr		stered Agent	1001	T				Name and Address o	New Re	gistered A	gent			
JIAN	ig, Jianping				81	Nar	ne								
4400 MEST LANTANA DOAD			82	Stre	et Addre	ess (P	P.O. Box Number is Not	Acceptab	le)						
					83										
					84	City	,				FL	85 Z	ip Code	· · · · · · · · · · · · · · · · · · ·	
SIGNATURE	to the provisions of Sections 607 0 egistered agent, or both, in the Sta m familiar with, and accept the ob									nt for the p eby accer		changin pintment	g its reg as regis	istered itered	
	Signature, typed or perted came of registered			NOTE: Register		ant sign	ature require			TO 0 == :0	DATE	DIRECT	0.50 111		
12.	OFFICERS A	AND DIRE	DELETE	13.			<u> </u>	<i>_</i>	ADDITIONS/CHANGES	TO OFFIC	ERS AND	Chang		Addition	
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NAME	1428 WEST LANTANA ROAL	ח			NAME	ADDDE									
STREET ADDRESS	LANTANA FL 33462			- 1		ADDRE	³³								
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CITY-ST-ZIP				4.4	CITY-5	ST-ZIP									
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TITLE			DELETE	6.1	TITLE							Chan	ge 🗆	Addition	
NAME				62	NAME										
STREET ADDRESS				6.3	STREET	ADDRE	:SS		,						
CITY-ST-ZIP				6.4	CITY - S	ST - ZIP									

4. I do 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.

SIGNATURE:

IGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

//11/9

Daytime Phone #