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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Apr 02 1998 8:00am

Secretary of State

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Secretary of State DIVISION OF CORPORATIONS

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WUHAN VICTORY HOTEL, INC. FLORIDA U.S.A.

Principal Place of Business Mailing Address 8502 N ARMENIA AVE 8502 N ARMENIA AVE STE 1B STE 1B DO NOT WRITE IN THIS SPACE TAMPA FL 33604 **TAMPA FL 33604** 3. Date Incorporated or Qualified 03/20/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3305602 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. ✓ Yes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent WAN, YA PING HUANG WANG PIN Street Address (P.O. Box Number is Not Acceptable) 14906 EVGESHINE C 14906 EVERSHINE ST 82 83 **TAMPA FL 33624** 85 Zip Code 84 City TAMEA 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. * Wany وسط وا Signature, typod or (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE TITLE 1.1 TITLE CAL, XI W. GE. XIAO W 1.2 NAME NAME EVERSHING ST 15120 NATURE WALK DR STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition 2.1 TITLE NAME LI, JUN 2.2 NAME LIU. PHILIP 8502. N. ARMENIA DR STREET ADDRESS 14906 EVERSHINE ST 2.3 STREET ADDRESS CITY-ST-ZIP TAMPA FL 2. 4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME HUANG STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. Thereby 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.

HUANG WANG a 1-18-98