Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90064 046 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris 1

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000022996 1. Corporation Name

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

Principal Place of Business Mailing Address						(\$601,600 pro recel artis abits abits abits abits abits tibre right ibits this color artis to a				
8502 N ARMENIA AVE 8502 N ARMENIA AVE										
STE 18	H AVE	STE 1B								
TAMPA FL 33604	4	TAMPA FL 33604				DO NOT WRITE IN THIS SPACE				
US US						3. Date Incorporated or Qualifed 03/20/1995				
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		Арр	lied For	
21		26				59-3305602 Not Applicable			Applicable	
Suite, Apt. #	f. etc.	Suite, Apt. #, etc.					\$8.	75 A	dditional	
22	,,	27				5. Certificate of Status Desired Fee Required				
City & State		City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
23					i					
Zip	Country	Zip	Count	гу		8. This corporation owes the current year	ntangible			
24	25	29	30			Personal Property Tax.	☐ Ye:	s [_] No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registere	d Agent			
			8	1	Name					
AUH	NG, WANG PING		L	<u>_</u>	Charles Address	(D.O. Day Alymbox in Not Accontable)				
14906 EVERSHINE ST			8	2	Street Address	s (P.O. Box Number is Not Acceptable)				
1B			8	3				-		
TAMPA FL 33624			-	-						
** 11-10			8	4	City		85	Zip C	ode	
			<u> - اند حد</u>	ية اند		ation submits this statement for the purpose				
SIGNATURE	n familiar with, and accept the obliga				signature required wh	nen reinstafing) DATE				
	Signature, typed or printed name of registered age	ID DIRECTORS	13.	jent :	signature required wit	ADDITIONS/CHANGES TO OFFICERS	AND DIR	ECTO	2S IN 12	
12.	P	DELETE	1.1 TITLE			ADDITIONS/CHANGES TO OFFICERS	☐ Ch		☐ Addition	
TITLE	CALXI W.	_ occert	1.2 NAME					•		
NAME										
STREET ADDRESS	14906 EVERSHINE ST				ADDRESS					
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		ZIP		□Ch		Addition	
TITLE				2.1 TITLE				ange	Audition	
NAMÉ	LI, JUN		2.2 NAM	E						
STREET ADDRESS	14906 EVERSHINE ST		2.3 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP	TAMPA FL .		2.4 CITY	'-ST-	-ZIP					
TITLE	\$ DELETE		3.1 TITLE	3.1 TITLE			□ cr	ange	☐ Addition	
NAME	LIU.PHILIP 3.2		3.2 NAM	E						
STREET ADDRESS	ADDRESS 8502 N ARMENIA DR ¢20		3.3 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP	TAMPA FL		3.4. CITY	'-ST-	·ZIP					
TITLE	T	☐ DELETE	4.1 TITLE				☐ Ch	ange	☐ Addition	
NAME	HUANG, WANG PING		4. 2 NAM	ΙĘ	ŀ					
STREET ADDRESS	14906 EVERSHINE ST 1B				ADDRESS					
(I	TAMBA EL ORGA			_		•				
CITY-ST-ZIP	IAMEA EL USO24	☐ DELETE	4.4 CITY 5.1 TITLE		- L IF			ange	Addition	
TITLE		- Dereit	5.1 IIILE 5.2 NAM				محجيج			
NAME					ADDRESS		•			
STREET ADDRESS	•				1					
CITY-ST-ZIP			5.4 CITY		·ZIP					
TITLE		☐ DELETE	6.1 TITLE		į		Ch	iange	☐ Addition	
NAME			6.2 NAM						•	
STREET ADDRESS			6.3 STRE	EET A	ADDRESS					

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.

CITY-ST-ZIP