FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000023499 (3)

1. Corporation Name

YANGTSE CRUISE CORPORATION, FLORIDA, U.S.A.

Principal Place of Business	Mailing Address
8502 N ARMENIA AVE #2D TAMPA FL 33604	8502 N ARMENIA AVE #2D TAMPA FL 33604

2. Principal Place of Business	2a. Mailing Address
21 8502 N. ARMENIA AVE	26 SAME
Suite, Apt. #, etc. 22 BLDG. #4	Suite, Apt. #, etc. 27
City & State 23 TAmpa FLORIDA	City & State 28
Zip 24 33604 / Country 25 HillsBorough	Zip 29 / Country 30

3. Date Incorporated or Qualified: 03/22/1995
3a. Date of Last Report: 3/22/1995
4. FEI Number: 59-3305600 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LIU, ELLEN
8502 N ARMENIA AVE
#2D
TAMPA FL 33604

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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.

SIGNATURE [signature] EllEN LiU — DATE 5-10-96

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	P. ☐ Change ☐ Addition
NAME	YANG, MU L	1.2 NAME	YANG, MU LiAN
STREET ADDRESS	8502 N ARMENIA AVE #2D	1.3 STREET ADDRESS	8502 N. Armenia Ave, BLDG #4, TAmpa
CITY-ST-ZIP	TAMPA FL 33604	1.4 CITY-ST-ZIP	FL33604
TITLE	S ☐ DELETE	2.1 TITLE	V.P. ☐ Change ☐ Addition
NAME	LIU, ELLEN	2.2 NAME	LiU, EllEN
STREET ADDRESS	8502 N ARMENIA AVE #2D	2.3 STREET ADDRESS	8502 N. ARMENIA AVe, BLDG #4, TAmpa
CITY-ST-ZIP	TAMPA FL 33604	2.4 CITY-ST-ZIP	FL33604
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	800001843948
STREET ADDRESS		6.3 STREET ADDRESS	-05/30/96--01017--033 ***225.00
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] (EllEN LiU) — 5-10-96 — 8139337230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)