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
8502 N ARMENIA AVE
#2D
TAMPA FL 33604

Mailing Address
8502 N ARMENIA AVE
#2D
TAMPA FL 33604

3. Date Incorporated or Qualified: 03/22/1995
3a. Date of Last Report: 3/22/1995

2. Principal Place of Business
21 8502N.ARMENIA AVE
Suite, Apt. #, etc.
22 BLDG. #4
City & State
23 TAmpa FLORIDA
Zip 24 33604
Country 25 HillsBoRough

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip 29
Country 30

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 607.1506, 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: Ellen Liu — EllEN LiU — 5-10-96
Signature (Typed or printed name of Registered Agent and title if applicable) — (NOTE: Registered Agent signature required if changing address) — DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	YANG, MU L	
STREET ADDRESS	8502 N ARMENIA AVE #2D	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	S	☐ DELETE
NAME	LIU, ELLEN	
STREET ADDRESS	8502 N ARMENIA AVE #2D	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.	☐ Change ☐ Addition
1.2 NAME	YANG, MU LiAN	
1.3 STREET ADDRESS	8502 N. ARmenia AVE, BLDG #4,	
1.4 CITY-ST-ZIP	TAmpa FL33604	
2.1 TITLE	V.P.	☐ Change ☐ Addition
2.2 NAME	LiU, EllEN	
2.3 STREET ADDRESS	8502 N. ARMENiA AVE, BLDG #4,	
2.4 CITY-ST-ZIP	TAmpa FL33604	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	800001843948	☐ Change ☐ Addition
6.2 NAME	-05/30/96--01017--033	
6.3 STREET ADDRESS	***225.00	
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Ellen Liu (EllEN LiU) — 5-10-96 — 8139337230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #