


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

FILED

Apr 22 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000023182</b> 1. Corporation Name <b>HEALTH GREAT WALL INC</b>			
Principal Place of Business <b>12264 WASHINGTON STREET</b> <b>PEMBROKE PINES FL 33025</b>		Mailing Address <b>12264 WASHINGTON STREET</b> <b>PEMBROKE PINES FL 33025</b>	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. State, Apt. #, etc.	26. State, Apt. #, etc.	3. <b>3-11-96</b>	3a. <b>3-11-96</b>
22. City & State	27. City & State	4. FEI Number	Applied For
23. Zip	28. Zip	4. <b>65-0651990</b>	Not Applicable
24. Country	29. Country	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
25. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>JIANWEI ZHANG</b> <b>12264 WASHINGTON STREET</b> <b>PEMBROKE PINES FL 33025</b>		<b>FL</b> <b>85</b> Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 <b>X</b> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	1. TITLE	1.1 TITLE	1.1 TITLE
2. NAME	2. TITLE	1.2 NAME	1.2 NAME
3. NAME	3. TITLE	1.3 STREET ADDRESS	1.3 STREET ADDRESS
4. NAME	4. TITLE	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP
5. NAME	5. TITLE	2.1 TITLE	2.1 TITLE
6. NAME	6. TITLE	2.2 NAME	2.2 NAME
7. NAME	7. TITLE	2.3 STREET ADDRESS	2.3 STREET ADDRESS
8. NAME	8. TITLE	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP
9. NAME	9. TITLE	3.1 TITLE	3.1 TITLE
10. NAME	10. TITLE	3.2 NAME	3.2 NAME
11. NAME	11. TITLE	3.3 STREET ADDRESS	3.3 STREET ADDRESS
12. NAME	12. TITLE	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP
13. NAME	13. TITLE	4.1 TITLE	4.1 TITLE
14. NAME	14. TITLE	4.2 NAME	4.2 NAME
15. NAME	15. TITLE	4.3 STREET ADDRESS	4.3 STREET ADDRESS
16. NAME	16. TITLE	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP
17. NAME	17. TITLE	5.1 TITLE	5.1 TITLE
18. NAME	18. TITLE	5.2 NAME	5.2 NAME
19. NAME	19. TITLE	5.3 STREET ADDRESS	5.3 STREET ADDRESS
20. NAME	20. TITLE	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP
21. NAME	21. TITLE	6.1 TITLE	6.1 TITLE
22. NAME	22. TITLE	6.2 NAME	6.2 NAME
23. NAME	23. TITLE	6.3 STREET ADDRESS	6.3 STREET ADDRESS
24. NAME	24. TITLE	6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP

14. I, the undersigned, 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: **X** **Yayan Chen** **4/12/97** **(954) 704-0588**  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)