

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

PROFIT  
CORPORATION  
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000023182

1. Corporation Name

HEALTH GREAT WALL INC

Principal Place of Business

Mailing Address

1741 NW 105 Ave

Pembroke Pines FL 33026-2837

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

YAYAN CHEN

22

City & State

27

1741 NW 105 Ave

23

Zip

Country

28

Pembroke Pines FL

24

25

29

33025 30 USA

9. Name and Address of Current Registered Agent

JIANWEI ZHANG

1741 NW 105 Ave

Pembroke Pines FL

33026-2837

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 typed or printed name of Registered Agent and title if applicable

(NOTE: Registered Agent signature required when re-statuting)

DATE

7/19/99

12. OFFICERS AND DIRECTORS

TITLE P.T. [ ] DELETE

NAME JIANWEI ZHANG

STREET ADDRESS 1741 NW 105 Ave

CITY-ST-ZIP Pembroke Pines 33026

TITLE VP S [ ] DELETE

NAME YAYAN CHEN

STREET ADDRESS 1741 NW 105 Ave

CITY-ST-ZIP Pembroke Pines FL 33026

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

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

[ ] Change [ ] Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

[ ] Change [ ] Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

[ ] Change [ ] Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/99

954 704-0588

Date

Daytime Phone #

FILED

30 JUL 30 AM 10:11

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE \*\*\*\*\*300.00 \*\*\*\*\*300.00

3. Date Incorporated or Qualified

3-11-96

4. FEI Number

65-0651990

Applied For

Not Applicable

5. Certificate of Status Desired

[ ]

\$8.75 Additional Fee Required

6. Election Campaign Financing

[ ]

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax

[ ] Yes

[X] No

10. Name and Address of New Registered Agent

CR2E034 (1/198)

2

Health Great Wall, Inc  
1741 NW 105 Ave  
Pembroke Pines Fl 33026-2837  
954 704-0588

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July 19, 1999

Department of State  
Annual Reports Filings  
Division of Corporations  
P O Box 1500  
Tallahassee, Fl 32302-1500

Ref: Document # P96000023182  
Health Great Wall, Inc

Gentleman

We are requesting a decrease of penalties for late filing. We had moved and by the time the forms were send to us, the six months of mail forwarding had elapsed and we did not know the mail change is good for only six months. Also, we did not realize that the fees were not paid until this year.

Thank you.

  
Yayan Chen  
Secretary