

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P97000016143

1. Corporation Name  
HONG KONG PALACE INN, INC.

|  |               |  |               |
|--|---------------|--|---------------|
| Principal Place of Business<br>22191 PWERLINE ROAD<br>BAY 24C<br>BOCA RATON FL 33433 |               | Mailing Address<br>22191 PWERLINE ROAD<br>BAY 24C<br>BOCA RATON FL 33433 |               |
| 2. Principal Place of Business<br>21<br>Suite, Apt. #, etc.<br>22                    |               | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27                   |               |
| 23<br>City & State   |               | 28<br>City & State   |               |
| 24<br>Zip  | Country<br>25 | Zip<br>29  | Country<br>30 |

9. Name and Address of Current Registered Agent

LIU, KIN KI  
9931 BAYWATER DRIVE  
BOCA RATON FL 33496

|    |  |    |          |
|----|--|----|----------|
| 81 | Name   |    |          |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |    |          |
| 83 |  |    |          |
| 84 | City<br>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 reinstating) DATE

|                            |  |   |   |
|----------------------------|--|---|---|
| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
| TITLE                      | D<br>LIU, KIN KI<br>9931 BAYWATER DRIVE<br>BOCA RATON FL 33496 | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 1.2 NAME  |   |
| STREET ADDRESS             |  | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      |  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 2.2 NAME  |   |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      |  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 3.2 NAME  |   |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 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 REQUIRED** KI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Feb 08, 1999 8:00am  
Secretary of State

02-08-1999 90042 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

|  |   |
|--|---|
| 3. Date Incorporated or Qualified<br>02/19/1997  | <input type="checkbox"/> Applied For    |
| 4. FEI Number<br>65-0737625 65-0736725   | <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | \$8.75 Additional Fee Required          |
| 6. Election Campaign Financing<br><input type="checkbox"/>   | \$5.00 May Be Added to Fees             |
| 8. This corporation owes the current year Intangible Personal Property Tax.<br><input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No             |

CR2E034 (1/98)

1/18/99

(561) 338-5887

Daytime Phone #