

FILED  
Jan 27 1998 8:00am  
Secretary of State

<p>PROFIT CORPORATION ANNUAL REPORT <b>1998</b></p>		<p>FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS</p>
---	---	---



1. Principal Place of Business 22 WEST MONUMENT AVE KISSIMMEE FL 34741		Mailing Address 22 WEST MONUMENT AVE #20 KISSIMMEE FL 34741	
2. Principal Place of Business	2a. Mailing Address		
21 22 WEST MONUMENT AVE	22 22 WEST MONUMENT AVE.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 #13	27 #13		
City & State	City & State		
23 KISSIMMEE FL	28 KISSIMMEE FL.		
Zip	Zip	Country	Country
24 34741	29 34741	25	30

DO NOT WRITE IN THIS SPACE	
Reported or Qualified	
3. Date <b>04/19/97</b>	
4. FEI No. <b>3462814</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election of Campaign Financing <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Trust or Contribution <input type="checkbox"/>	
8. If corporation owes or has paid the current year Intangible Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal Address of New Registered Agent	

g. Name and Address of Current Registered Agent

XU, XIAO B ESQ  
5705 HANSEL AVENUE  
ORLANDO FL 32809

81	Name	
82	Street Address (P.O. Box or Other Address)	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 subsidiary is 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 directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

21-15-98

SIGNATURE AN-HWA CHEN  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12.		OFFICERS AND DIRECTORS	
TITLE	D		<input type="checkbox"/> DELETE
NAME	HWA, CHEN A		
STREET ADDRESS	22 WEST MONUMENT AVENUE #20		
CITY-ST-ZIP	KISSIMMEE FL 34741		
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			<input type="checkbox"/> DELETE
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			<input type="checkbox"/> DELETE
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			<input type="checkbox"/> DELETE
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			<input type="checkbox"/> DELETE

13. ADDITIONAL INFORMATION		CHANGES TO CITY SERVICES	
1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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.

**SIGNATURE:**

\_\_\_\_\_  
 MATING AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-15-98 (407) 8468300  
Date Daytime Phone # 04822