


**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90138 019 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000069369</b>					
1. Corporation Name <b>EPOCH VACATION SUITES INC.</b>					
Principal Place of Business <b>5650 BAYSIDE DR. STE 500          ORLANDO FL 32819</b>			Mailing Address <b>5650 BAYSIDE DR. STE 500          ORLANDO FL 32819</b>		
2. Principal Place of Business					
21 Suite, Apt. #, etc.			2a. Mailing Address		
22 City & State			2b. Suite, Apt. #, etc.		
23 Zip			2c. City & State		
24 Country			2d. Zip		
25 Country			2e. Zip		
26 Country			2f. Zip		
27 Country			28 Zip		
29 Country			30 Zip		
9. Name and Address of Current Registered Agent <b>KIANG, PAUL          5650 BAYSIDE DR, STE 500          ORLANDO FL 32819</b>					
10. Name and Address of New Registered Agent					
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City					
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 the provisions of Section 607.0505, Florida Statutes.					
SIGNATURE _____ DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <b>PRESIDENT</b>					
1.2 NAME <b>PAUL KIANG</b>					
1.3 STREET ADDRESS <b>5650 BAYSIDE DR</b>					
1.4 CITY-ST-ZIP <b>ORL FL 32819</b>					
2.1 TITLE <b>VICE - PRESIDENT</b>					
2.2 NAME <b>MARIA HSUEH</b>					
2.3 STREET ADDRESS <b>7712 HIDDEN IVEY</b>					
2.4 CITY-ST-ZIP <b>ORL FL 32819</b>					
3.1 TITLE <b>SUE PING KIANG</b>					
3.2 NAME <b>TREASURER</b>					
3.3 STREET ADDRESS <b>5650 BAYSIDE DRIVE</b>					
3.4 CITY-ST-ZIP <b>ORL FL 32819</b>					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
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:

*PAUL KIANG*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

407-876-2980

CR2E034 (11/98)