FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 522596 (6)HONG KONG TRADING CORP. Principal Place of Business Mailing Address 14135 NW 7TH AVE 14135 NW 7TH AVE N. MIAMI FL 33168 N. MIAMI FL 33168 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/23/1976 Applied For 2, Principal Place of Business 2a. Mailing Address 21 26 Not Applicable 59-1730606 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name BREESLOW, CHARLES B., ESQ. 801 DADE FEDERAL BLDG. 82 Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 33131 83 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 approable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD DELETE 1.1 TITLE Change TITLE LEE, WOON RAK NAME 1.2 NAME 2400 ARCH CREEK DR. STREET ADDRESS 1.3 STREET ADDRESS N. MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 21 TITLE LEE, OK SOON NAME 2.2 NAME 2400 ARCH CREEK DR. STREET ADDRESS 2.3 STREET ADDRESS N. MIAMI FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

CITY-ST-ZIP 6.4 City - St - ZIP 14. Thereby 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

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