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

Apr 03 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (4)F57076 AMERICAN NATURE RESOURCE, INC. Principal Place of Business Mailing Address 1605 MAIN STREET 1605 MAIN STREET SUITE 1010 SUITE 1010 DO NOT WRITE IN THIS SPACE ST PETERSBURG BCH FL 34236 ST PETERSBURG BCH FL 34236 3. Date Incorporated or Qualified 11/20/1981 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 59-2178342 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intengible 30 Personal Property Tax due June 30. ☐ Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HESS, DAVID R 1605 MAIN STREET, SUITE 1010 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34236 83 84 City Zip Code ections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered orbit, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the pro-office or registered agent. I am fair in SIGNATURE e of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition SHENLUNG, LIU 12 NAME 17507 MORRO DR. STREET ADDRESS 1.3 STREET ADDRESS **ROWLAND HEIGHTS CA 91748** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CiTY+ST-ZIP DELETE Change ☐ Addition 41 TITLE TITLE 4 2 NAME MALE STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6 1 TITLE TITLE

SIGNATURE:

MAME

STREET ADDRESS

6.2 NAME

6 3 STREET ADDRESS 6.4 CITY-ST-ZIP

SHEN-LUNG LIU Feb 10 98

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.

FILED