

APPROVED  
AND  
FILED

00 MAR 31 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

## 3. Date Incorporated or Qualified

06/16/1995

## 4. FEI Number

59-1930909

## Applied For

Not Applicable

## 5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Election Campaign Financing

\$5.00 May Be  
Added to Fees8. This corporation owes the current year  
Intangible Personal Property.Yes ☐ No

## 9. Name and Address of Current Registered Agent

HANKIN, LAWRENCE M ESQ  
2033 MAIN ST., #400  
SARASOTA FL 34237

## 10. Name and Address of New Registered Agent

## 81. Name

## 82. Street Address (P.O. Box 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 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

3/30/00

## 12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PETERS, NORBERT	
STREET ADDRESS	7/C 7/FI BO YIP BLDG., 6 ASHLEY RD.	
CITY-ST-ZIP	IST HONG KONG	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAUSNER, PETER	
STREET ADDRESS	G 1/F SCENIC VILLA VICTORIA RD.	
CITY-ST-ZIP	HONG KONG	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 13.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PETERS, NORBERT	
1.3 STREET ADDRESS	895 MacEwen Drive	
1.4 CITY-ST-ZIP	Osprey, FL 34229	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/21/00

CR2E034 (5/99)