2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F97000002072 Apr 10, 2000 8:00 am Secretary of State 1. Entity Name PACIFIC ACE FOREX (USA) LTD., INC. 04-10-2000 90098 031 \*\*\*150.00 Principal Place of Business Mailing Address 10/F UNTD CHINESE BK BLDG 200 S. Orange Ave 31 - 37Orlando, F1332802 DES VOEUX RD, CENTRAL, HONG KONG Principal Place of Business 3. Mailing Address <u>17 IF Euro Trade Centre</u> Suite, Apt. #, etc. 3-14 Connaught DO NOT WRITE IN THIS SPACE City & State City & State 59 F3438915 Applied For entra Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Hong Kong Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name A.G.C. Co. Street Address (P.O. Box Number is Not Acceptable) 200 S. Orange Avenue #2300 Orlando, Florida 32801 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 PSD TITLE ☐ Delete Change Change DIO, Rogelio A. 17/F Euro Trade Centre Dio, A.R. NAME STREET ADDRESS STREET ADDRESS 13-14 Connaught Rd, Central, HK CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Dio, Virginia S 171F Euro Trade Centre NAME NAME STREET ADDRESS HEET ADDRESS 3-14 Connaught Rd, Central, HK CITY-ST-ZIP central Hong Kong Yasta ZIP. TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Dio, Virginia S.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR