2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # + PROGOOI 2-01 May 30, 2000 8:00 am KANDO ENTER PRISES INC. Secretary of State 05-30-2000 90101 012 \*\*\*150.00 Principal Place of Business Mailing Address 1625 OVIEDO MARKETPLACE BLVD. SAME OVIEDO FL 32765 UU05797n 2. Principal Place of Business 3. Mailing Address 1625 OUEDO MARKETPLACE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Nymber Applied For OVIEDO 84-143717 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NGHIA VINH LUON -CPA-ANDREW- -N,604EN\_ BLVD #205 333 S. FEDERAL Street Address (P.O. Box Number is Not Acceptable) LYNN ST DENVER, CB 80219-2950 OUIEDO 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, type or printed name of 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PRESIDENT ISEC TITLE ☐ Delete TITLE ☐ Addition ANDREW NGUYEN NAME NAME STREET ADDRESS 210 LYNN ST STREET ADDRESS CITY-ST-ZIP OVIEDO FL 32765 CITY-ST-ZIP V PRESIDENT ☐ Delete TITLE Change ☐ Addition OANH T. NGUYEN NAME NAME STREET ADDRESS STREET ADDRESS 210 LYN N CITY-ST-ZIP F1. 32765 CITY-ST-ZIP OVIEDO ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP--CITY-ST-ZIP-TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 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 traspe 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 ₩ith all other like empowered.

NGUYEN

SIGNATURE: