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

FILED PROFIT May 11 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # J. Y. SONG. INC. Principal Place of Business Mailing Address DAVIE FL 33324 DAVIE FL 33324 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/15/1986 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-2730180 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired 22 Fee Required City & State City & State 5. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zιρ Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KASHI, JOSEPH S. 633 S ANDREWS AVE 82 Street Address (P.O. Box Number is Not Acceptable) **STE 101** 83 FT. LAUDERDALE FL 33301 City Zip Code 85 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 Registered Agent signature OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE ☐ Change ☐ Addition 1.1 TITLE SONG, J.Y. NAME 1.2 NAME 8862 SR 84 STREET ADDRESS 1.3 STREET ADDRESS DAVIE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 31 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE Addition 6.1 TITLE Change NAME 6.2 NAME STREET ADORESS

6.3 STREET ADDRESS

4-28-58 (854)742-5536

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 supplient and 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 chapter, or or in attachment with an eddress.

CITY-ST-ZIP

SIGNATURE:

Block 12 or Block 18 if changer, or