

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90028 026 ***150.00

DOCUMENT # L83459
 1. Entity Name **PACIFIC ACE CORPORATION**

Principal Place of Business Mailing Address
200 S. Orange Avenue P.O. Box 112
Orlando, Fl 32802-0112 Orlando, Fl 32802-0112

2. Principal Place of Business 3. Mailing Address
17/F Euro Trade Center
 Suite-Apt. #, etc. Suite, Apt. #, etc.
13-14 Connaught Road

City & State City & State
Central
 Zip Country Zip Country
n/a Hong Kong

4. FEI Number **59-3019718**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

A.G.C. Co.
200 S. Orange Avenue
Suite 2300
Orlando, Fl 32801-3432

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	DP <input type="checkbox"/> Delete
NAME	Rogelio A. Dio
STREET ADDRESS	17/F Euro Trade Center
CITY-ST-ZIP	13-14 Connaught Rd, Central, HK
TITLE	VSTD <input type="checkbox"/> Delete
NAME	Virginia S. Dio
STREET ADDRESS	17/F Euro Trade Center
CITY-ST-ZIP	13-14 Connaught Rd, Central, HK
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 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. Date: Mar 22, 2000 Daytime Phone #: (852) 2524 9388

CRZE034 (9/99)