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

FILED PROFIT FLORIDA DEPARTMENT OF STATE Apr 22 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L94013 SON LUE TRADING CORP. Mailing Address Principal Place of Business 3655 NW 78 AVE 3655 NW 78 AVE **MIAMI FL 33166** MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/15/1990 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 11225 SW 604 65-0211509 Not Applicable 21 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. П 5. Certificate of Status Desired Mami Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Monda Trust Fund Contribution Added to Fees 23 Zip Country 8. This corporation owes or has paid the current year Intangible 33I 56)ade Personal Property Tax due June 30. ☐ Yes IV No 24 25 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name VOVA, PHILIP S. 1101 BRICKELL AVE **B2** Street Address (P.O. Box Number is Not Acceptable) SUITE 900 BIV TOWER 83 **MIAMI FL 33131** 64 Zip Code City 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** (NOTI: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE LUE, HENRY 1.2 NAME NAME 3655 NW 78 AVE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change 2.1 TITLE TITLE LUE, SONIA 2.2 NAME NAME 3655 NW 78 AVE 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME MAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition 4.1 TITLE TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP __ DELETE __ Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 received 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.

4.17-98