FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L96733 (5)

1. Corporation Name
SUNTAI, INC.

Principal Place of Business
~~1031 W MORSE BLVD.~~ SUITE 105
~~P.O. DRAWER 2366~~
~~WINTER PARK FL 32790~~
US

Mailing Address
~~1031 W MORSE BLVD.~~ SUITE 105
~~WINTER PARK FL 32790~~
US

3. Date Incorporated or Qualified: 08/27/1990
3a. Date of Last Report: 04/17/1995
4. FEI Number: 59-3028590 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 QUAIL RIDGE GOLF&CC
Suite, Apt. #, etc
22 12830 SHADY Hills Rd
City & State
23 SPRING Hill Fl.
Zip 24 34610 Country 25 PASCO

2a. Mailing Address
26 QUAIL RIDGE GOLF&C.C.
Suite, Apt. #, etc.
27 12830 SHADY Hills Rd
City & State
28 SPRING Hill Fl.
Zip 29 34610 Country 30 PASCO

9. Name and Address of Current Registered Agent
MARLOWE, MICHAEL L
1031 W MORSE BLVD., SUITE 200
WINTER PARK FL 32789

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	S	☐ DELETE
NAME	MARLOWE, MICHAEL L.	
STREET ADDRESS	1031 W MORSE BLVD #105	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	PTD	☐ DELETE
NAME	SOHEILY, MICHAEL, B (DR)	
STREET ADDRESS	GERTRUDSTRASSE 48	
CITY-ST-ZIP	ZURICH, SWITZERLAND	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 changed, or on an attachment with an address.

SIGNATURE: [signature] 4/20/96 (813) 996-7045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)