## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 13, 2002 8:00 am DOCUMENT # Secretary of State P&& FUTURE INC 1. Entity Name 05-13-2002 90146 037 \*\*\*150 00 P000000 43107 Principal Place of Business Mailing Address 1540 SOUTH PIXIE HWY 000013 CORAL GABLES MIAMI 7L 33146 2. Principal Place of Business 3. Mailing Address SAME AS ABOVE SAME AS ABOVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-100 7122 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ACCOUTANT-8- MANAGE MENT N/A 3899 NW 7th STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 262 B MIAMI 41 33126 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. (NOTE: Registered Agent signature required when reinstaling) DATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be Make Check Payable to Department of State & (See criteria on back) Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MOW TAI YAN (PRES) 15598 SW 109 TEN TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33196 CITY-ST-ZIP KAM LING WU(SEC) Delete 15598 SW (09 Ten (TRES) TITLE TITLE ☐ Change ■ Addition NAME NAME 15598 SW 109 Ten STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33196 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME \_\_\_\_\_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 the corporation 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

SIGNATURE: \_

SIGNATURE AND TYPE

MOWTAIVAN(PRES) 4/23/02 (305)9451722