

FILED
Mar 29, 2002 8:00 am
Secretary of State

0173611 AV

Principal Place of Business	Mailing Address
1448 N. STATE RD. 7 MARGATE FL 33063	1448 N. STATE RD. 7 MARGATE FL 33063

2. Principal Place of Business 2130 MEARS PARKWAY	3. Mailing Address 2130 MEARS PARKWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MARGATE FL	City & State MARGATE FL
Zip 33063	Zip 33063
Country BROWARD	Country BROWARD


4. FEI Number		<input checked="checked" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
65-1118440		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NGUYEN, TUAN Q
1448 N. STATE RD. 7
MARGATE FL 33063

7. Name and Address of New Registered Agent	
Name	NGUYEN, TUAN
Street Address (P.O. Box Number is Not Acceptable)	2130 MEARS PARKWAY
City	MARGATE FL
Zip Code	33063

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  3-18-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</p> <p><input checked="" type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
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[illegible][illegible]

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.

Date _____ Daytime Phone # _____

CR2E034 (9/01)