FILED May 12, 2002 8:00 am Secretary of State **2002 UNIFORM BUSINESS REPORT (UBR)** P01000078332 DOCUMENT # 1. Entity Name 05-12-2002 90542 046 ***150.00 SUN SHIELD INTERNATIONAL, INC. Principal Place of Business Mailing Address 3466 N MIAMI AVE 3466 N MIAMI AVE MIAMI FL 33127 MIAMI FL 33127 Principal Place of Business 3. Mailing Address 3967 Commerce 3967 Commelce Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MIRAMAR 65-1133603 VLIRAMA Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33025 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WENG, WILSON L 3466 N MIAMI AVE **MIAMI FL 33127** 8. The above named entity submits this statement for the purpose of changing its registered offi nd title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Delete TITLE Change Addition WENG, WILSON L NAME NAME odgeeg3000 S. OCEAN DRIVE, C-15 STREET ADDRESS STREET ADDRESS HALLANDALE FL 33019 CITY-ST-ZIP CITY-ST-ZIP 330 Z TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE" 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME

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 by 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 attaching in with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2002 9.

<u>934-883-1719</u>