2003 FOR PROFIT CORPORATION

SIGNATURE:

Apr 29, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR 04-09-2003 90383 001 ***300.00 P02000022203 DOCUMENT # 1, Entity Name AN REN INTERNATIONAL USA, INC. JJUJJZJJ Principal Place of Business Mailing Address 2905 LAKEVIEW DR 2906 LAKEVIEW DR FERN PARK FL 32730 FERN PARK FL 32730 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUANG, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 2905 LAKEVIEW DR FERN PARK FL 32730 City 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE \$\$ \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. me Delete TER S ☐ Change Addition CR2E034 (10/02) FRANKLIN, JAMES NAME NAME 9240 W LAKE HIGHLANDS DR STREET ADDRESS STREET ADDRESS DALLAGARK TX CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME CHEN, LI YUN NAME STREET ADDRESS 2905 LAKEVIEW DR STREET ADORESS CITY-ST-ZIP FERN PARK FL 32730 CITY-ST-7IP WILLiam S. Hugng 2905 Lakevious Dr WILLIAM_S. HUDAG Addition Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS Parle FL 32730 CITY-ST-ZIP CITY-ST-7IP TITLE Oelete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther 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 10 or Block 11 if changed, or on an attachment with an

FILED

Daytime Phone #