## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P38575

1. Corporation Name

ACER AMERICA CORPORATION

Principal Place of Business 2641 ORCHARD PARKWAY SAN JOSE CA 95134 Mailing Address

2641 ORCHARD PARKWAY SAN JOSE CA 95134

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90048 007 \*\*\*150.00



DO NO	TIME	IN THIS	CDACE

5					DO NOT WRITE IN THIS SPACE						
						3. Date Inc	orporated o	r Qualifed			
						04/27/	1992				
2. Principal Pl	ace of Business	2a. Mailing Address	-			4. FEI Num				- Ar	plied For
21	•	26				77-002	7736			No.	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcat	o of Statue	Decired			Additional
22		27				5. Certifical	B OI Status	Desiled		Fee Re	equired
City & State	•	City & State				6. Election	Campaign	Financing		· · · · · ·	May Be
23		28				Trust Fu	nd Contribu	ition		Added	to Fees
Zip	Country	Zip	Count	try		8. This corp	oration ow	es the curre	ent year Ir		_v
24	25	29 30	)			-4	Property 1			Yes	ØNo
	9. Name and Address of Current	Registered Agent				10. Name a	nd Addres	s of New R	egisterec	Agent	
			8	31 N	łame						
	CORPORATION SYSTEM		5	32 S	Street Addre	ess (P.O. Box I	Jumber is N	Not Accepta	ble)		
660	EAST JEFFERSON STREET			~  `	acet Addie	335 (i .O. Don i					
TALL	AHASSEE FL 32301		8	33	2	•	<del></del>				
			-		N.,					85 Zip	Code
			1	34 C	City				Fl	_  °3  <sup>Zip</sup>	Code
11 Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes,	the abo	ove-na	amed corpo	oration submits	this statem	ent for the	purpose o	f changing its	registered
office or n	odistered agent or both in the State of	i Fiorida. Such change was auth	onzea t	ov tne	corporation	n's board of di	ectors. I he	ereby accep	t the appo	ointment as re	gistered
agent. I a	n familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statuti	es.							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	aistered A	gent sig	mature required	when reinstating)			DATE		
12.	OFFICERS AND		13.		<u> </u>		NS/CHANG	ES TO OFF	ICERS A	ND DIRECTO	)R\$ IN 12
TITLE	D	☐ DELETE	1.1 TITU	E.						X Change	☐ Addition
NAME	SHIH, STAN		1.2 NAM	ΙE							
STREET ADDRESS	2641 ORCHARD PARKWAY		13 STRI	FET AD	DRESS DIF	. 88. Se	c. 1 1	Hsin T	ai Wu	Rd.	
	SAN JOSE CA		1.4 CITY			chih, Ta					ROC
CITY-\$T-ZIP	D D	☐ DELETE	2.1 TITL		1131	Chilip It	Ther	HOLCH	<u> </u>	∑ Change	☐ Addition
	LIN. SIMON	<b>—</b> • ***== *=	2.2 NAM								
NAME	<del></del>	_			DDECC DIF	. ₋88. Se	or 1 1	Hein T	ai Wu.	- Rd	
STREET ADDRESS	2641 ORCHARD PARKWAY	- <del>-</del> -	2.4 CIT			chih, Ta					ROC
CITY-ST-ZIP	SAN JOSE CA	☐ DELETE	3.1 TITL			T/S	Ther .	noten	2219	X Change	Addition
TITLE	STCO	- Deterie			''	-/0					
NAME	TUNG, MICHAEL		3.2 NAM	-	20200						
STREET ADDRESS	2641 ORCHARD PARKWAY		3.3 STR								
CITY-ST-ZIP	SAN JOSE CA 95134	□ DELETE	3.4. CIT		JP				-	☐ Change	Addition
TITLE	PD		4.1 TITL								
NAME	WU, MAX		4. 2 NAM								
STREET ADDRESS	2641 ORCHARD PARKWAY		4.3 STR								-
CITY-ST-ZIP	SAN JOSE CA 95134	(tr) and the	4.4 CITY		P					[] Change	Addition
TITLE	D	X DELETE	5.1 TITL								L. Audicon
NAME:	CULVER, MICHAEL		5.2 NAM		·						
STREET ADDRESS	2641 ORCHARD PARKWAY		5.3 STR								
CITY-ST-ZIP	SAN JOSE CA	* 1-111 <b>1-2</b> 111 .	5.4 CITY		P						
TITLE		☐ DELETE	6.1 TITL							Change	☐ Addition
NAME			6.2 NAM	Æ							
STREET ADDRESS			6.3 STR	EET AD	DRESS						
CITY-ST-ZiP		•	6.4 CITY	(-ST-ZI	P						

14. 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 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 or an attachment with an address, with all other like empowered.

SIGNATURE: \_

SMOUNCEREQUES WILL SIGNING OFFICER OF DIRECTOR

4-26-99

(408) 432-6200

KZEU34 (11/98)