2001 UNIFORM BUSINESS REPORT (UBR)

Apr 25, 2001 8:00 am Secretary of State DOCUMENT # **P93000076170** CY INTERNATIONAL CORPORATION 04-25-2001 90179 008 ***150.00 Principal Place of Business Mailing Address 7267 NW 32ND STREET 7267 NW 32ND STREET MIAMI FL 33122 MIAMI FL 33122 00041043 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0448713 Not Applicable 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 Name CHIH CHENG CHEN Street Address (P.O. Box Number is Not Acceptable) 10200 E CALUSA CLUB DR MIAMI FL 33186 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition CR2E034 (10/00 ☐ Delete TITLE TITLE CHEN, CHIH CHENG NAME NAME STREET ADDRESS STREET ADDRESS 10200 E CALUSA CLUB DR CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** ☐ Delete ☐ Change Addition TITLE TITLE CHANG, HSIU MEI NAME NAME STREET ADDRESS 10200 E CALUSA CLUB DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 TITLE Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Additi/on NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP [Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 Sertify 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 apprairs in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-7IP

ING OFFICER OR DIRECTOR

1 4/19/ 300 1 Daytime Phone #