SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AF[illegible] AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED), MINIMUM AMOUNT [illegible] TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPA[illegible]NT OF STATE
Sandra [illegible]burn
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL 26 PM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000003285 (1)**

1. Corporate Name

WISEMEN BUSINESS DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
205 E. CENTRAL BLVD SUITE 304 ORLANDO FL 32801	620 SUMTER CT. WINTER SPRINGS FL 32708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/06/1994

3a. Date of Last Report:

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

4. FEI Number: 59-322-3538 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23:

City & State — 28:

6. [illegible] ☐ **$5.00** May Be Added to Fees

Zip — 24: Country — 25:

Zip — 29: Country — 30:

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

NISI, FRANK P JR
205 E. CENTRAL BLVD.
SUITE 304
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [illegible] (Date)

12. OFFICERS AND DIRECTORS		13. [illegible]	
11 TITLE	DP	11 TITLE	☐ Change ☐ Addition
12 NAME	CHO, HEUNG K	12 NAME	
13 STREET ADDRESS	1048 PETAL CT.	13 STREET ADDRESS	
14 CITY ST ZIP	ORLANDO FL 32818	14 CITY ST ZIP	
21 TITLE	DST	21 TITLE	☐ Change ☐ Addition
22 NAME	WANG, YUM D	22 NAME	300001548143
23 STREET ADDRESS	620 SUMTER CT.	23 STREET ADDRESS	-07/27/95--01084--023
24 CITY ST ZIP	WINTER SPRINGS FL 32708	24 CITY ST ZIP	****225.00 ****225.00
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	7/26/95 MB
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I [illegible] certify that the information supplied with this filing is, to the best of my knowledge, true and accurate. 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 12 or Block 13 (if changed) or on an attachment with an address.

SIGNATURE: [signature] Heung K. Cho Date 6/12/95 (90K) 753-5111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0000870 CP