FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY 19 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000055993 (7)

1. Corporation Name
JB-IFX INCORPORATED

Principal Place of Business: 631 US HIGHWAY ONE STE. 202, NO. PALM BEACH FL 33408

Mailing Address: 631 US HIGHWAY ONE STE. 202, NO. PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 631 US Hwy 1 STE 301	26 P.O. Box 14262 NPB FL.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 33408
23 City & State: NPB FL	28 City & State
24 Zip: 33408 / 25 County: Palm Beach	29 Zip / 30 County: Palm Beach

4. FEI Number: 65-0504685 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BENEVIDES, JOHN M
631 US HIGHWAY ONE STE. 202
NO. PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 631 US HIGHWAY ONE
83 STE. # 301
84 City: N.P.B FL 85 Zip Code: 33408

11. Pursuant to the provisions of sections 607.0502 and 617.0502, 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 the position as provided in Florida Statutes.

SIGNATURE: John M. Benevides · President JOHN M. BENEVIDES 5/15/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	TITLE	VP ☐ Change ☒ Addition
NAME	BENEVIDES, JOHN M	NAME	KATHLEEN D. BENEVIDES
STREET ADDRESS	904 IRONWOOD ROAD	STREET ADDRESS	904 IRONWOOD ROAD
CITY-ST-ZIP	NO. PALM BEACH FL 33408	CITY-ST-ZIP	No PALM BEACH FL 33408
TITLE		TITLE	SEC. ☐ Change ☒ Addition
NAME		NAME	SCOTT D. SOPLA
STREET ADDRESS		STREET ADDRESS	2105 GEORGIA AVENUE
CITY-ST-ZIP		CITY-ST-ZIP	WPB FL 33401
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I the undersigned, certify that the information supplied herein ... [fine print illegible]

SIGNATURE: John M Benevides JOHN M BENEVIDES 5/15/95 (407) 863-3410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0247061 CP

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DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 1[illegible] [illegible] 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000056342 (6)

1. Corporation Name

ZHENG, INCORPORATED

Principal Place of Business	Mailing Address
304 ARDICE AVE. EUSTIS FL 32726	304 ARDICE AVE. EUSTIS FL 32726

3. Date Incorporated or Qualified: 07/28/1994
3a. Date of Last Report:

4. FEI Number: 59-3260193 — Applied For / Not Applicable

2. Principal Place of Business: 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address: 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ZHENG, XIAOHENG
304 ARDICE AVE.
EUSTIS FL 32726

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: Xiaoheng Zheng — 1-16-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1. TITLE	P ☐ Change ☐ Addition
NAME		1. NAME	Zheng, Xiao Heng
STREET ADDRESS		1. STREET ADDRESS	304 Ardice Ave., Eustis, FL 32726
CITY-ST-ZIP		1. CITY-ST-ZIP	
TITLE		2. TITLE	☐ Change ☐ Addition
NAME		2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY-ST-ZIP		2. CITY-ST-ZIP	
TITLE		3. TITLE	☐ Change ☐ Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY-ST-ZIP		3. CITY-ST-ZIP	
TITLE		4. TITLE	☐ Change ☐ Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY-ST-ZIP		4. CITY-ST-ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY-ST-ZIP		5. CITY-ST-ZIP	
TITLE		6. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY-ST-ZIP		6. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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 on an attachment with an address.

SIGNATURE: Xiaoheng Zheng — 1-16-95 — (904) 357-3555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0049738 CP

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APPROVED

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # **P94000056443 (2)**

1. Corporate Name

ELECTRONIC DESIGN & DISTRIBUTION, INC.

Principal Place of Business	Mailing Address
7121 GRAND NATIONAL DR SUITE 101 ORLANDO FL 32819	7121 GRAND NATIONAL DR SUITE 101 ORLANDO FL 32819

3. Date Incorporated/Qualified: 3a. Date of Last Report: **07/29/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or — 22 / 27
City & State — 23 / 28
Zip / County — 24 / 25 / 29 / 30

4. FEI Number: **59-3270870** — ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KUHN, CAMERON
7121 GRAND NATIONAL DR
SUITE 101
ORLANDO FL 32819

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 Section 607.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17
TITLE	PD	☐ Change ☐ Addition
NAME	ROLAND, RICHARD	
STREET ADDRESS	7121 GRAND NATIONAL DR SUITE 101	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	TD	☐ Change ☐ Addition
NAME	KUHN, CAMERON	
STREET ADDRESS	7121 GRAND NATIONAL DR SUITE 101	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	SD	☐ Change ☐ Addition
NAME	WRIGHT, CHARLES	
STREET ADDRESS	7121 GRAND NATIONAL DR SUITE 101	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VD	☐ Change ☐ Addition
NAME	CRUZADA, JOEL	
STREET ADDRESS	7121 GRAND NATIONAL DR SUITE 101	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is true and accurate and does not apply 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 with an address.

SIGNATURE: *Richard A. Roland* — 5/02/95 — 407 352 2266

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Area Code & Daytime Phone Number

0062260 CP