## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** 



FLORIDA DEPARTMENT OF STATE

CORPORATION San ANNUAL REPORT Sec						ate	nuc.						
	OCUN Corporation		# P94000	074146									
MAY ICE KINGDOM, INC.													
Pr	Principal Place of Business Mailing Address												EU 81918 EUI 188)
1282 N.E. 163RD STREET 1282 N.E. 163RD STREET NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33162													
									3. Date incorporated or 0 10/10/1994	Qualified	3a. Date	of Last 4/13/1	
	Principal Plac	ce of Busine	ss	2a. Mailing Address					L. 1 ' '			Applied For	
21	Cuito Ant #	oto		Suite, Apt. #, etc.					65-0526390 Not Applicable \$8.75 Additional				
22	Suite, Apt. #	, etc.		27					5. Certificate of Status D	esired			Required
23	City & State			City & State				<ol><li>Election Campaign Fin Trust Fund Contribution</li></ol>	_			00 May Be led to Fees	
	Zip	Country Zip				Country			8. This corporation has li			x under	s 199.032,
24			25 Address of Current	Pagistered Agent	30				Florida Statutes  10. Name and Address	Yes		Agent	
Name and Address of Current Registered Agent							Name		To: Hamo and Madisa				
	HSIAO.	CHENG-CI	ł <b>E</b> N	Street	Addre	ss (P.O. Box Number is Not	Acceptab	lo)					
	1282 N.E. 163RD ST.								50 (1.10) 50 (1.11)		-,		
ĺ	n miami	BEACH F	L 33162			63							
						84	City				FL	85	Zip Code
1:	I. Pursuant to	o the provision	ons of Sections 607.0502 a	and 607,1508, Florida Sta	atutes, the a	bove-i	named co	orpora	tion submits this statement f	or the pur	pose of cha	inging it:	s registered office
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 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												ed agent. I am	
[	GNATURE												
12		Signature typed	or printed name of registered agent ar OFFICERS AND			agistered Agent signature required		required i	ADDITIONS/CHANGE	S TO OFF	DATE ICERS AND	DIREC	FORS IN 12
<b>}</b>	LE	D		DELETE		1. 1 TITLE		Γ				) Chang	e 🔲 Addition
N/A	IME	-	CHENG-CHEN		1.	2 NAME	i	1					
ST	REET ADDRESS	ET ADDRESS 1282 N.E. 163RD ST.			1.3 STRE		ADDRESS						
CI	TY-ST-ZIP	N MIAN	II BEACH FL 33162			4 CITY-S	ST - ZIP	ļ				<u> </u>	
TII	TLF			☐ DELETE		1 TITLE					ι	Chang	e   Addition
į	ME.					2 NAME	4000000	ļ					
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1	AME			<b></b>		2 NAME							
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CI	1Y - ST - ZIP				3	4 CITY-	ST-ZIP						
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N/	AME				4.	2 NAME							
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i	ITY - ST - ZIP					4 CITY-						_	
	TLE .			☐ DELETE		1 TITLE					i ,	Chang	e 🔲 Addition
N	AME				6	2 NAME							
SI	IREET ADDRESS				6	3 STREE	T ADDRESS						

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(3)(k), 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 eceiver 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 in or an attraffment with an address.

SIGNATURE: