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

FILED Mar 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name P95000034558 (3) YAN TAI CORPORATION Principal Place of Business Mailing Address 5223 NW 79 AVE 18999 BISCAYNE BLVD. MIAMI FL 33166 DO NOT WRITE IN THIS SPACE N. MIAMI BEACH FL 33180 3. Date Incorporated or Qualified 05/03/1995 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0579861 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State Crty & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. Yes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 WANG, JIAMING 10787 S.W. 74TH ST. Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33173** 83 84 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, lyped or printed name of registered agent and little if applicable. (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE 1.1 TITLE ☐ Change Addition TITLE WANG, JIAMING 1.2 NAME NAME 25.634 10787 S.W. 74TH ST. 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33173** 1.4 CITY-ST-ZIP CITY-ST-ZIF DELETE 2.1 TITLE Change Addition TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 THLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE **400002464554** -03/23/98--01008--020 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS ***150.00 CITY-ST-ZIP 5.4 City-ST-ZIP TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 on an attachment with an address. SIGNATURE (X)

STREET ADDRESS

CITY-ST-ZIP

3/15/98