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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P95000036601(9)

1. Corporation Name

AMERICAN CACIQUE ENTERPRISE CO. INC.

Principal Place of Business: 2 S. Biscayne Blvd, Suite 2600, Miami, Fl 33131

Mailing Address: *Horng Yuan Ko, 1197 Ginger Cir, Ft Lauderdale, FL 33326-3631*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1995.

4. FEI Number: 65-0585772 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business: 21 1197 Ginger Circle

Suite, Apt. #, etc: 22

City & State: 23 Ft. Lauderdale, Fl

Zip: 24 33326 Country: 25 USA

2a. Mailing Address: 26 1197 Ginger Circle

Suite, Apt. #, etc: 27

City & State: 28 Ft. Lauderdale, FL

Zip: 29 33326 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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Ko, Horng Y
1197 Ginger Circle
Ft. Lauderdale, Fl 33131

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ko, Horng Y. 8491 NW 17 St., #107 ~~Miami, Fl 33126~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D *Horng Yuan Ko* *1197 Ginger Cir* *Ft Lauderdale, FL 33326-3631*	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ko, Horng L 8491 NW 17 St., #107 Miami, Fl 33126	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D *Horng Yuan Ko* *1197 Ginger Cir* *Ft Lauderdale, FL 33326-3631*	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

4/21

900002455??
-04/22/98--01010--026
***150.00

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 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]* ✓ *4/1/98*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)