FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 19, 2002 8:00 am Secretary of State DOCUMENT # P95000063230 1. Entity Name 04-19-2002 90002 017 ***150.00 PREMIUM COMPUTER PRODUCT CORPORATION Principal Place of Business Mailing Address 2622 N W 72ND AVENUE 2622 N W 72ND AVENUE MIAMI FL 33122 MIAMI FL 33122 US 2. Principal Place of Business 3. Mailing Address 16155 SW 117 AVE STE BIB Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 6155,SW 117 Ave STEBLE Miami City & State Applied For 4. FEI Number 65-0604843 Not Applicable \$8.75 Additional *3*3177 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **GUO. PHILIP** Street Address (P.O. Box Number is Not Acceptable) 1001 N FEDERAL HWY, STE 317 HALLANDALE FL 33009 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (9/01) **PDS** TITLE ☐ Delete TITLE Addition QIAO, LIXIN NAME NAME 2622 N W 72ND AVENUE STREET ADDRESS STREET ADDRESS **MIAMI FL 33122** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET-ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.