FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P95000067678 (9) DOCUMENT # CHAN LEE, INC. Principal Place of Business Mailing Address 1199 EAST COMMERCIAL BLVD. 1199 EAST COMMERCIAL BLVD. OAKLAND PARK FL 33334 OAKLAND PARK FL 33334 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address Applied For 21, 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B**1 Name CuonG KEI LEE. PERCY 82 Street 1199 EAST COMMERCIAL BLVD. OMUE ROI BLUD OAKLAND PARK FL 83334 83 84 City Zin Code 33334 OAKCAND 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 accept the obligations of Section 607.0505, Florida Statutes.) Ke; d agont and title if applic (NOTE: Registered Agent signature required wher: reinstating) 12. OFFICERS AND DIRECTORS CR2E034 (12/95) 13. ADDITIONS/CHANGES O OFFICERS AND DIRECTORS IN 12 TITLE O CVECTOR DE Change DELETE 1.1 TITLE RRESIDENT NAME LEE, PERCY 1.2 NAME KEI Ho 1199 EAST COMMERCIAL BLVD. STREET ADDRESS 1.3 STREET ADDRESS OAKLANÓ PARK FĽ 33334 CITY - ST - ZIP 1.4 CITY-ST-ZIP 3333 TITLE DELETE VSTD/ 2 1 TITLE Addition NAME CHÁN, KŴOMÁ 2.2 NAME 1199 EAST COMMERCIAL BLVD. STREET ADDRESS 2.3 STREET ADDRESS OAKLAND PARK FL-33334 CITY-SI-ZIP 2.4 CITY - ST- ZIP TITLE DELETE 3 1 TITLE Change ☐ Addition NAME 32 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST-ZIP 1171 F DELETE 4. 1 TITLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE □ DELETE 5. 1 TITLE Change Addition NAME 5.2 NAM= STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 54 CITY - ST-ZIP TITLE □ DELETE 6 1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6 4 CITY - ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily turnished 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 appears in Block 12 or Block 13 if changed, or on an attachment with an adverse.

FICER OR DIRECTOR

SIGNATURE