FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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STF FL32381F.1

FILED Jun 23, 2003 8:00 am Secretary of State

	OITH OITH BOOKE	OUT CITY			Secretar	y UI	State
DOCUN 1. Entity Nan	MENT # P96000019 ne	9538		į	06-23-2003 900	55 039	***150.00
TIGERS	OF ASIA SHOW/EX	OPO INC.					
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**e **							
	:	*	,				
2. Principal F	Place of Business	3. Mailing Address		`			
2921 CORAL WAY 901 PONCE DE			E LEON BL	מעי	ા.		
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE		
		SUITE 606					
City & Stat	te	City & State			El Number		Applied For
<u>MIAMI,</u>	FL	CORAL GABLES		65	<u>-0687867 </u>		Not Applicable
Zip	Country	1 '	Country	5. 0	Certificate of Status Desired		Additional
33145	US_		JS			Fee Re	
	DO NOT WRITE IN T	HIS SPACE	Name	/. Nam	e and Address of Current Registe	red Agent	· · · · · · · · · · · · · · · · · · ·
يتجدد المناهبة	حطاطأت فالمتناف والمتناف والمتاف والمتناف والمتناف والمتناف والمتاف والمتاف والمتناف والمتناف		JUSTI	N-M	FINOCCHIARO		
, «Aug		y	Street Add	ress (P.O. E	Box Number is Not Acceptable)		
	•		2921	CORAL	WAY		
	•		1				
6			City			Zip C	ode
			<u> </u>		F	<u>- [33</u>	145
8. The above	named entity submits this statemen	nt for the purpose of changing	its registered office	e or register	ed agent, or both, in the State of Flo	rida. I am 1	amiliar with,
and accep	ot the obligations of registered agent.	1/1./			`		
CICLIATURE	Will XIII	([//					
SIGNATURE	Signature, typed or printed name of regis	tered agent and title if applicable.	(NOTE: Register	red Agent sign	nature required when reinstating)	DATE	
	pdary 1 / May 1 Fee is \$150.00						
	After May 1, Fee is \$550.00				9. Election Campaign Financing		\$5.00 May Be
Taloles Charle	Amended UBR is \$61.25 Payable to Florida Department of	Ctato			Trust Fund Contribution.	□ '	Added to Fees
10.	OFFICERS AND D		# 1 m 1 m	4 -		· · · · · · · · · · · · · · · · · · ·	
TITLE	DIRECTOR		TITLE	1	46.0	<u> </u>	
NAME		CHIARO	NAME	-		r l	·
STREET ADDRESS		TERRACE	STREET ADDRESS	***			{0}
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TITLE	SECRETARY	<u></u>	TITLE	,		. ж г ;	COCK OF COCK
NAME	MARCIA FINOCCHI	ARO	NAME ,	٠,		a i	7
STREET ADDRESS	3551 S.W. 23RD	TERRACE	STREET ADDRESS				, ,
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12. I hereby co	ertify that the information supplied wi	th this filing does not qualify:	for the exemption st	tated in Sect	ion 119.07(3)(i) Florida Statutos 15	urther cort	ify that the
information	n indicated on this report or supplem	iental <i>l</i> report is true and accu	rate and that my sin	mature shall	have the same legal effect as if may	de under d	ath: that I am
an officer of	or director of the corporation or the real Block 10 or on an attachment with a	eceiver or trustee empowered	d to execute this rep	oort as requi	red by Chapter 607, Florida Statutes	; and that	my name
appears to	CHOCK TO OF OIL ALI ALIACHITISHE WILL S	an eyeress, with air uner like	empowered.		1		
SIGNAT		MMM					}
	SIGNATURE AND TYPED OF	R PRINTED NAME OF SIGNIN	G OFFICER OR DIRE	ECTOR	Date Davii	me Phone #	