2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

HE AND TYPED OR PRINTED WALLE OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # P96000042909 Apr 20, 2000 8:00 am Secretary of State XAYA CORPORATION 04-20-2000 90074 033 ***150.00 Principal Place of Business Mailing Address 6402 SANDY OAKS LANE 6402 SANDY OAKS LANE ORLANDO FL 32809 ORLANDO FL 32809-6618 -3. Mailing Address Principal Place of Business Suite, Apt #, etc. DO NOT-WRITE-IN-THIS-SPACE Applied For City & State 4. FEI Number 59-3386943 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name XAYAVONG, VONGSACK Street Address (P.O. Box Number is Not Acceptable) 6402 SANDY OAKS LANE ORLANDO FL 32809 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!LEEE IS \$150.00 --This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition □ Delete TITLE XAYAVONG, VONGSACK NAME 6402 SANDY OAK'S LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Addition Change TITLE ☐ Delete TITLE XAYAVONG, DAOMONH NAME NAME STREET ADDRESS 6402 SANDY OAK LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7/P Change ☐ Addition TITLE ☐ Delete 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 eport 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 11 or Block 12 if