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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME STREET ADDRESS

CiTY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P9600053064 (7)

TAI PAN INTERNATIONAL TRADE, CORP.

Principal Place of Business Mailing Address 6945 NW 62ND AVE 6945 NW 82ND AVE MIAM! FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/21/1996 2. Principal Place of Business 2a. Mailing Address Applied For FEI Number 65-0675291 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Country Zip 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GIGLI, KATIA A 9173 SOUTH WEST 138TH PLACE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33186** 83 84 City 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, typod or prioted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE GIGLY, KATIA A 1.2 NAME NAME 9173 S.W. 138TH PLACE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33186** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE

14. Thereby 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 annual report or supplemental annual 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 13 if changed, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

ATUBE TO DOLL - KOTIO D. CI

3/18/98

CR2E034 (10/97)

FILED

Mar 27 1998 8:00am

Secretary of State