FOR PROFIT CORPORATION

FILED May 28, 2002 8:00 am Secretary of State

Daytime Phone #

ONIFORM BUSINESS REPORT (OBK)						05-28-2002 91744 003 ***150.00
DOCUMENT # 796000069963 1. Entity Name						
Wei 3 Danatas, Inc.						
DO NOT WRITE IN THIS SPACE						
2. Principal Place of Business 8045 SW 107 AVE 8045 SW 107						
Suite, Apt. # .6		8045 SW 107 AVE Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE
APT # 119 APT # 11						
City & State MIAMI	FL	MIAMI FL				4. FEI Number Applied For Not Applicable
^{Zip} 33173	Country Zip			ountry 5. Certifica		5. Certificate of Status Desired
	Let The Committee The Committee Comm		nri	Name		/. Name and Address of Current Registered Agent
DO NOT WRITE				TING - CHING WE! Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE					45	SW 107 Ave Apt 119
			,	City M/A	mi	FL Zip Code 33173
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 / Live Trucy China Signature. typed or printed name of registered agest and title if applicable. / (NOTE: Registered Agent signature required when reinstating) DATE						
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. Amended UBR is					.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
(See criteria o	<i>T</i>	Make Check Payabl			of State	
11.	OFFICERS AND D	IRECTURS	TITU			
NAME W	TING-CHINE	77 II 1	NAM			CR2EA34B (1201)
	045 SW 107 AVE AV NAMI EL 3317		22.5	ET ADDRESS +ST+ZIP		7. C.
TITLE V	LE - PA-ESIDENT		TITLE			
NAME W	EI, MARIA A-	-+ 119	NAM	. 11		edituari iurgingus, ku oo u oo
STREET ADDRESS 3	045 SW 107 AVE 1 11AMI FL 331			ET AODRESS -ST-ZIP		
TITLE :			_TITLE		<u>.</u> 	and the state of t
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP		DO NOT WRITE
TITLE			TITLE	-;		IN THIS SPACE
NAME STREET ADDRESS			- NAM	E Et address :	: :-	
CITY-ST-ZIP				-ST-ZIP		
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CITY-ST-ZIP				·ST-Z/P		
TITLE			THILE			
NAME STREET ADDRESS			STRE	ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Ftorida 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.						
SIGNATURE: 1/2: tiny ching 05/17/2002						