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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P96000074456 (0)

DOCUMENT # CODEGEN (USA), INC.

Principal Place of Business

Mailing Address

7600 AND 410T OF

2000 ANY 41 OT CT

FILED Jan 20 1998 8:00am Secretary of State



TIMBLE 9 / 98 (30516399721

MIAMI FL 33		7500 NW 4151 51 MIAMI FL 33160					
134(1744) 1 2 00		MINIMI I E DOTOG			DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualified		
					09/09/1996		
_	Place of Business	2a. Mailing Address		- · · · · -	4. FEI Number	MAI	oplied For
21 69/3	N.W. SZAD ST.	26 69/3 N.	W.S	SZAD ST	65-0693341	1 No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
22		27		5. Certificate of Status Desired	Fee Re	equired	
City & Stat		City & State	~,		6. Election Campaign Financing	\$5.00	May Be
23 Mia			<u>FL</u>		Trust Fund Contribution	Added Added	to Fees
_ Zip えそ	166 Country USA	Zip 33166 3	Country	1160	8. This corporation owes or has paid th		angible
24 43		1201)	USA	Personal Property Tax due June 30.	☐ Yes	(⊌)
	9. Name and Address of Current	10. Name and Address of New Regist	ered Agent				
SYGMAN, FORREST ESQ.			81	Name			
32	8 MINORCA AVENUE		82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
CC	DRAL GABLES FL 33134			***			
			83				
			64	City		les Zin	Code
				•		FLIII	
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							
GIGHATORE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	egistered Age	nt signature required		ATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	IS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	WEN-FONG, LIAO		1.2 NAME				
STREET ADDRESS	7500 NW 41ST ST		1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33160		1.4 CITY-S	r-ZIP			
TITLE	M	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	LEN-SHANG, SHYY		2.2 NAME	1			
STREET ADDRESS	7500 NW 41ST ST		2.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33160		2. 4 CITY-S	T-ZIP			
TITLE	A	DELETE	3.1 TITLE			Change	Addition
NAME	CHIEN HUI, LIAS) -> 1.79	o	3.2 NAME			5	_
STREET ADDRESS	7500 NW 41ST ST		3.3 STREET	ADDRESS			1
CITY-ST-ZIP	MIAMI FL 33160		3.4. CITY-S				
TITLE	M	DELETE	4.1 TITLE			Change	Addition
NAME	SILVA, DANIEL H		4. 2 NAME				_
STREET ADDRESS	7500 NW 41ST ST		4.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33160		4.4 CITY - ST	İ			
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CHY-ST	į.			
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME			Orango	
STREET ADDRESS			63 STREET	ADDRESS			
CITY-ST-ZIP							
	ertify that the information supplied with	this filing does not qualify for th	6.4 CITY-ST ne exempt		ection 119.07(3)(i), Florida Statutes. I furth	er 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 12 or Block 13 if changed or on an attachment with an address.							