2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 21, 2001 8:00 am Secretary of State DOCUMENT # P96000074456 CODEGEN (USA), INC. 02-21-2001 90034 038 ***150.00 Principal Place of Business Mailing Address 6913 S 6917 NW 52ND ST 6913 S 6917 NW 52ND ST MIAMI FL 33166 MIAMI FL 33166 020712 2. Principal Place of Business 3. Mailing Address 1/350 NW 25 ST 1350 25 ST NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 110 # 110 City & State City & State 4. FEI Number Applied For 65-0693341 WIAMI MIAMI Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired MUMI-DADE DUMI- DADE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WING SYGMAN, FORREST ESQ. Street Address (P.O. Box Number is Not Acceptable) 328 MINORCA AVENUE YPRZSS CORAL GABLES FL 33134 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 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. TITLE ☐ Delete TITLE Change Addition WEN-FIONG, LIAO NAME 6F NO. 37 MUCHA RD SECTION 4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAIPEI TAIWAN CITY-ST-ZIP GM TITLE TITLE ☐ Delete ☐ Change ☐ Addition CHIEN-HUI, LIAO NAME NAMÉ STREET ADDRESS 9367 FIORRTAINBLEAU BLVD #G109 STREET ADDRESS CITY-ST-7IP **MIAMI FL 33172** CITY-ST-7IP TITLE --- Delete TITLE CHEN, CHEN CHEN, CHEN NAME NAME 9367 FOUNTAINE BLEAU BLVD 46109 MIAMI EL 33172 10155 NW 9TH ST CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI FL 33172 CITY-\$T-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME

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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: X SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP