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

PRÓFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** FILED Secretary of State DIVISION OF CORPORATIONS 1997 97 AUG 22 AM 10: 57 P960000 80882 DOCUMENT # CADIALYANT OF STATE FALLAHASSEE, FLORIDA Qigong Healing Science Institute, Inc. Principal Place of Business Mailing Address 1725 S.W. 88th St. Suite A-124 3. Date Incorporated or Qualified Sept 30/96 3a. Date of Last Report 2a. Marting Address Applied For 1725 S.W. 88th S. 65-0697230 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be MIami 28 Trust Fund Contribution Added to Fees 23 Country 8. This corporation has liability for intengible tax under s. 199 032, Florida Statutes Yes \sum No Zip 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Amerilanyer 343 Almeria Avo. Jason G. Liu Street Address (P.O. Box Number is Not Acceptable) 83 Goral Gables, FL 33/34 Zip Code 33/66 liami 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. Grother (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition Prosident 1.1 TITLE TITLE Jason G. Liu, Ph.D. 1725 EW 88 St. 1.2 NAME NAME STREET ADDRESS 1.3 STREET ADDRESS Manipe 38 15 E 14 CITY-SI-ZIP CITY-SY-ZIP 010227 70 Chymogl + Aeddlod -08/26/97--01020--018 DELETE 2.1 Ditte TITLE NAME 22 NAME ****165.00 ****165.00 STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - 7/P DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4. C(1Y-ST-7)P DELETE 4.1 Title Change Addition TITLE 4 2 NAME NAM, STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-S1-2IP CITY-ST-ZIP DELETE Change 5 1 TITLE ☐ Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4.0(1Y - \$1 - 7(P) CITY-ST-ZIP DETELETE Change Addition 61711LE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-\$1-ZIP CITY-ST-24F 14. I do hereby certify that the information supplied with this filling 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 trusted 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. 20 9) (305)279-9959