SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT

FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham SECRETARY OF STATE ANNUAL REPORT DIVISION OF CORPORATIONS Secretary of State DIVISION OF CORPORATIONS 1997 97 JUL 23 MM 10: 36 DOCUMENT # P96000102339 (4) ATMAN CORPORATION Principal Place of Business Mailing Address 7269 NW 33RD ST 7269 NW 33RD ST MIAM: FL 33122 MIAMI FL 33122 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 12/13/1996 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Ζip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30 Yes Yes ☐ No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LIN. PENG-PENG 7269 NW 33RD ST Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI FL 33122 83 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 Horida. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (4/97 Addition DELETE Change TITLE 11THE LIN, PENG-PENG 1.2 NAME 600002247596-7269 NW 33RD ST STREET ADDRESS 1.3 STREET ADDRESS -07/25/97--01030--025 **MIAMI FL 33122** ****165.00 1.4 CITY-ST-7IP CITY-ST-ZIP DELETE TITLE 21 HILE YEH, CHARLES NAME 2.2 NAME 7269 NW 33RD ST STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33122** CITY-ST-ZIP 2. 4 CITY - ST - 7(F DELETE Change Addition TITLE 3.1 TOLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34, CITY-ST-7IP DELETE 41 TITLE Change Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7/P DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 HILE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 logal effect as if made under each, 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.