FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 17 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P97000027617 (4) DOCUMENT # SJ COUNTRYSIDE FOOD INC. Principal Place of Business Mailing Address 6950 CYPRESS RD #208-15 6950 CYPRESS RD #208-15 PLANTATION FL 83317 PLANTATION FL 33317 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/24/1997 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3486213 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 28 Added to Fees 23 Zip Country Zιρ Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CHOMPOONICH, EDDY MR. 81 WANG, MING C 6950 CYPRESS RD #208-15 82 Street Acidess (P.O. Box Number is Not Acceptable) 6326 GRAND BAHAMA CIRCLE **PLANTATION FL 33317** 83 APT. G 84 City 33615 TAMPA FL Pursuant to the provisions of Soctions 607 0502 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 Statute Stuck 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 directors. Section 607 0506, Florida Statutes. EDDY CHOMPOONICH FEB. 20, 1998 SIGNATURE (NOTE: Registered Agent signatu re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. X DELETE X Addition TITLE 1.1 TITLE ☐ Change WANG, MING C PANG, ALEX 1.2 NAME NAME 6950 CYPRESS RD #208-15 9 HIGHBRIDGE RD, RICHMOND HILL STREET ADDRESS 1.3 STREET ADDRESS **PLANTATION FL 33317** ONT CANADA L4B1Y2 CITY-ST-ZIF 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 City-St-ZiP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP □ DELETE ☐ Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP

CR2E034 (10/97

Change

Addition

Thereby certify that the information supplied with the information supplied with the information supplied with the information supplied with the information of the receipt or trustee empowers of the Block 13 if changed, or on an attackment with an address. his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information unual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an error trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in SIGNATURE: FEBRUARY 20, 1998 905-474-0710

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

14. I hereby certify that the information supplied with

CITY-ST-ZIP