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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 P97000056700

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90110 034 ***150.00

1. Corporation Name DF	tytona un	Mternah	ona	Conc				
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			V			* 4 7 4738	71 - 90110 - 34	# (.
Principal Place of Business	. ⊅ // Ma	iling Address		111				
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301\$A+lan	ticane	4135 CV	ipple:	creen.		DO NOT WRI	TE IN THIS SPACE	:
301\$AHan DougtonaBe	Why F132118	JAYU JAYU 4135 CU Kennes	aw,	SA IFIL	3. Date Incorpo	orated or Qualifed	1.409	1
2. Principal Place of Business	2a	Mailing Address		30177	4. FEI Number	-	Jury !	Applied For
21	26	Maining Address			59 -	34549	18 H	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.7	75 Additional
22 (V	27	27 Sunl			5. Certifcate of	Status Desired	Fe	e Required
City_& State		City_& State			-6. Election Campaign Financing \$5.00 May Be			
23	28	7 :-			Trust Fund (ded to Fees
¬ '	· · · · · · · · · · · · · · · · · · ·	Zip (Country 30		1		ent year Intangible ☐ Yes	DX NO
24 25 9. Name and	29 Address of Current Registe		30		Personal Pro	Address of New R		Andre -
		. –	81	Name 7	AMI	√ ∧ ∧	$M \wedge U \wedge$	
			82	Street Add	on (B.O. Box Norm	ber is Not Accepta	MA TOP	
			02	CH-2	ss (F.U. DOX NUM	O O CO	7 22 6 6.7	Comp
			83	30	1 5 4	I loss t	ic Au	
			84	City	DAYT	ma Boa	85	Zin Code
				100	musica	3	1 FL 3 3	Zip Code 3~시 (8
11. Pursuant to the provisions office or registered agent of	of Sections 607.0502 and 60° or both, in the State of Florida	7.1508, Florida Statute	s, the above	-named corpor	ration submits this	statement for the	purpose of changing	g its registered
agent. I am familiar with, ar	d accept the obligations of,	Section 607.0505, Flor	ida Statutes))	o board or amount	,		*
SIGNATURE/_ (///)	11 16 M	mater	VI	, , 			\$ 11519	9
Signasule, Gold of print	OFFICERS AND DIRECT		13.	t signature required v		HANGES TO DE	ICERS AND DIRE	CTORS IN 12
TITLE O O NO	ESH, MOMI		1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Chai	
NAME PLAT		1.7/1	1.2 NAME					
STREET ADDRESS	Asia fir	fre.	1.3 STREET	ADDRESS	•			
CITY-ST-ZIP	tros a Raa	1 EL32116	1.4 CITY-ST	-ZIP		_		
TITLE	10.0 - A 10.04	DELETE	2.1 TITLE				☐ Chai	nge 🗌 Addition
NAME JAY	- notice	,	2.2 NAME					
STREET ADDRESS VIV		1	2.3 STREET	ADDRESS				
	me as a		2. 4 CITY- \$	r-zip				
TITUE			-3.1-TITLE-				Cha	nge — 🔲 Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET					
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST 4.1 TITLE	-217			Char	nge 🔲 Addition
NAME			4.2 NAME					J. 1.42.001
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST	1				
TITLE		☐ DELETE	5.1 TITLE				Char	ige 🔲 Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET					
CITY-ST-ZIP			5.4 CITY-ST	ZIP				
TITLE		☐ DELETE	6.1 TITLE				Char	ige 🗌 Addition
NAME			6.2 NAME	· ADDDESS				
STREET ADDRESS			6.3 STREET	ĺ				
CITY-ST-ZIP 14. I hereby certify that the infor	mation supplied with this filin	a does not qualify for	6.4 CITY-ST-		ction 119 07(3\6)	Florida Statutes 1	further certify that the	ne information
indicated on this annual repo officer or director of the corr	ort or supplemental annual re	eport is true and accurate stee empowered to ex-	ate and that ecute this re	my signature s port as required	hall have the sam	e legal effect as if I	made under oath; tl	hatlam an