FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Apr 01 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name P97000056274 (8) A-SUN-MAX INTERNATIONAL, INC. Principal Place of Business Mailing Address 3409 PARK SOUARE WEST #3 3409 PARK SOUARE WEST #3 **TAMPA FL 33613** TAMPA FL 33613 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/25/1997 2. Principal Place of Business Mailing Address Applied For 340<u>9 Kark</u> Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Hilkberough 8. This corporation owes or has paid the current year Intangible Hillsborough 24 Yes 29 Personal Property Tax due June 30. 9. Name and Address of Corrent Registered Agent 10. Name and Address of New Registered Agent CHEN, SONG-GEN CHEN , SONG-GEN 3409 PARK SQUARE WEST #3 82 **TAMPA FL 33613** 83 84 Tampa 11. Pursuant to the provisions of Sections 607.05:02 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, 1 am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. Signature, berti (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE CHEN, SONG-GEN NAME 1.2 NAME 3409 PARK SQUARE WEST #3 STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33613** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 21 TITEF Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP TITLE DELETE Спапое ☐ Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change Addition 4.1 TOLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP ☐ Change DELETE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby 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 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 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 and the supplemental statutes. If further certify that the information indicated on this 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 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

Change

Addition

DELETE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME