

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

FILED  
May 11 1998 8:00am  
Secretary of State

|                                                       |                                                                                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # P97000067566  
1. Corporation Name:

Red Fox Technology Co., Inc.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Aug. 5, 1998

4. FEI Number  
65-0775613

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business  
21 4615 N.W. 72nd Ave  
Suite, Apt. #, etc.

22 Bay # 109  
City & State

23 Miami Florida  
Zip

24 33166 Country  
25 U.S.A

2a. Mailing Address  
26 4615 N.W. 72nd Ave  
Suite, Apt. #, etc.

27 Bay # 109  
City & State

28 Miami Florida  
Zip

29 33166 Country  
30 U.S.A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name  
HE-MING CHUNG

82 Street Address (P.O. Box Number is Not Acceptable)  
4615 N.W. 72nd Ave

83 Bay # 109

84 City  
Miami

FL 85 Zip Code  
33166

11. Pursuant to the provisions of Sections 607.0509 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.

SIGNATURE: HE-MING CHUNG, PRESIDENT

Signature must be in ink and must be accompanied by a notary seal.

(NOTE: Registered Agent signature required when registering)

DATE

Apr. 24 1998

| 12. OFFICERS AND DIRECTORS |                         |                                 |  |
|----------------------------|-------------------------|---------------------------------|--|
| TITLE                      | President               | <input type="checkbox"/> DELETE |  |
| NAME                       | He-Ming Chung           |                                 |  |
| STREET ADDRESS             | 8540 N.W. 6th Lane #210 |                                 |  |
| CITY-ST-ZIP                | Miami FL 33126          |                                 |  |
| TITLE                      |                         | <input type="checkbox"/> DELETE |  |
| NAME                       |                         |                                 |  |
| STREET ADDRESS             |                         |                                 |  |
| CITY-ST-ZIP                |                         |                                 |  |
| TITLE                      |                         | <input type="checkbox"/> DELETE |  |
| NAME                       |                         |                                 |  |
| STREET ADDRESS             |                         |                                 |  |
| CITY-ST-ZIP                |                         |                                 |  |
| TITLE                      |                         | <input type="checkbox"/> DELETE |  |
| NAME                       |                         |                                 |  |
| STREET ADDRESS             |                         |                                 |  |
| CITY-ST-ZIP                |                         |                                 |  |
| TITLE                      |                         | <input type="checkbox"/> DELETE |  |
| NAME                       |                         |                                 |  |
| STREET ADDRESS             |                         |                                 |  |
| CITY-ST-ZIP                |                         |                                 |  |
| TITLE                      |                         | <input type="checkbox"/> DELETE |  |
| NAME                       |                         |                                 |  |
| STREET ADDRESS             |                         |                                 |  |
| CITY-ST-ZIP                |                         |                                 |  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |                                                                   |  |
|-------------------------------------------------------|--|-------------------------------------------------------------------|--|
| 1.1 TITLE                                             |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 1.2 NAME                                              |  |                                                                   |  |
| 1.3 STREET ADDRESS                                    |  |                                                                   |  |
| 1.4 CITY-ST-ZIP                                       |  |                                                                   |  |
| 2.1 TITLE                                             |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 2.2 NAME                                              |  |                                                                   |  |
| 2.3 STREET ADDRESS                                    |  |                                                                   |  |
| 2.4 CITY-ST-ZIP                                       |  |                                                                   |  |
| 3.1 TITLE                                             |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 3.2 NAME                                              |  |                                                                   |  |
| 3.3 STREET ADDRESS                                    |  |                                                                   |  |
| 3.4 CITY-ST-ZIP                                       |  |                                                                   |  |
| 4.1 TITLE                                             |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 4.2 NAME                                              |  |                                                                   |  |
| 4.3 STREET ADDRESS                                    |  |                                                                   |  |
| 4.4 CITY-ST-ZIP                                       |  |                                                                   |  |
| 5.1 TITLE                                             |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 5.2 NAME                                              |  |                                                                   |  |
| 5.3 STREET ADDRESS                                    |  |                                                                   |  |
| 5.4 CITY-ST-ZIP                                       |  |                                                                   |  |
| 6.1 TITLE                                             |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 6.2 NAME                                              |  |                                                                   |  |
| 6.3 STREET ADDRESS                                    |  |                                                                   |  |
| 6.4 CITY-ST-ZIP                                       |  |                                                                   |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 in an attachment with an address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 24, 1998

(305) 463-8727

CR2E034 (10/97)