CR2E034 (11/98)



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90058 048 ***150.00

DOCUMENT # P98000014036 1. Corporation Name G COM (MIAMI), INC. Principal Place of Business Mailing Address 8606 N.W. 70TH STREET 8606 N.W. 70TH STREET MIAMI FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/11/1998 2a. Mailing Address 26 8:031 Lake Drive 2. Principal Place of Business FEI Number Applied For 65-0818184 26 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Apt.#203 Fee Required 27 22 City & State Miami, F1 33166 \$5.00 May Be City & State Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country Zio Country 8. This corporation owes the current year Intangible □No 25 29 30 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LEE. TZE HUNG Street Address (P.O. Box Number is Not Acceptable) 8031 Lake Drive 82 8606 N.W. 70TH STREET MIAMI FL 33166 83 Apt. #203 Zip Code 33166 84 City Miami 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, try 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 (NOTE: Registered Agent signature required when re Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. X Change ☐ Addition □ DELETE TITLE 1.1 TITLE NAME LEE. TZE HUNG 1.2 NAME 8301 LAKE DRIVE APT. #203 1.3 STREET ADDRESS STREET ADDRESS 8031 Lake Drive, Apt. #203 CITY-ST-ZIP **MIAMI FL 33166** 1.4 CITY-ST-ZIP Miami, F1 33166 Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP C!TY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE TITLE 41 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I hereby 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, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-710-4560