SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

SIGNATURE: 4

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). **PROFIT** FLORIDA DEPARTMENT OF STATE jilibb CORPORATION Katherine Harris MRY OF ANNUAL REPORT TOTON OF COEPORATIO Secretary of State 1999 DIVISION OF CORPORATIONS 99 AUG 13 AM 10: 15 **DOCUMENT #** P98000025104 SAIGON TOKYO ENTERPRISE, INC. Principal Place of Business Mailing Address 2902 JOG RD GREENACRES FL 33467 2902 JOG RD 05-10-94 96271045 \$150-01) **GREENACRES FL 33467** DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 03/15/1998 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-at 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Zip This corporation owes the current year Yes 24 25 29 30 Intangible Personal Property. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name NORWICH, GRACE 82 Street Address 5600 POINSETTIA AVE, APT 709 WEST PALM BEACH FL 33407 83 2ip Code 84 City 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits his 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 607.0585, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if appli re required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (5/99 1 OFFICERS AND DIRECTORS 12. 13. President TITLE 1.1 TITLE DELETE Change Addition NAME 1.2 NAME minh bee STREET ADDRESS 1.3 STREET ADDRESS 1922 N. Military WDB FIL \$3409 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2 1 TITLE ☐ Change ☐ Addition NAME 22 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE 31 TITLE DELETE Change Addition 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY-ST-ZIP TITLE DELETE 4 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition TITLE DELETE 5.1 TITLE NAME 5 2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6 2 NAME STREET ADORESS 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)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is foul 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an affactment with as address.

ED NAME OF BIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #