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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P98000037279

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90122 047 ***150.00

DAMEI CORPORATION Mailing Address Principal Place of Business 1442 ALTON ROAD 1442 ALTON ROAD MIAMI FL 33139 MIAMI FL 33139 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/24/1998 FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 65-0835425 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible **⊠**No ☐ Yes 30 Personal Property Tax. 25 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CHIEN, CHUNG-DAR 82 Street Address (P.O. Box Number is Not Acceptable) 1442 ALTON ROAD **MIAMI FL 33139** 83 Zip Code 84 City 85 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, 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 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. ☐ Addition Change OFFICER ☐ DELETE 1.1 TITLE TITLE TSE-DAO , CHIEN 1.2 NAME NAME 1442 ALTON RUAD STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH , FL 33139 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 2.1 TITLE TITLE OFFICER 2.2 NAME NAME TSE-SHIEN CHIEN 2.3 STREET ADDRESS 1442 ALTON 120AD STREET ADDRESS MIAMI BEACH , FL 33/39 2.4 CITY-ST-ZIP CITY-ST-ZIP - Addition ☐ DELETE 3.1 TITLE Change TITI F 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change (Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Addition ☐ DELETE TITLE ☐ Change 6.2 NAME NAME 6.3 STREET ADDRESS 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 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.

SIGNATURE:

CITY-ST-7IP



305-672-3720