02221999-90048-044-\$150.00-\$150.00

Feb 22, 1999 8:00 am **PROFIT** FLORIDA DEFARTMENT OF STATE Secretary of State CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 02-22-1999 90048 044 ***150.00 DIVISION OF CORPORATIONS 1999 DOCUMENT # P98000054508 ACTIVE U.S.A., INC. Mailing Address Principal Place of Business 2641 WW 5TH AVENUE 2641 NW 5TH AVENUE MIAMI FL 33127 MIAMI FL 33127 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/18/1998 2a. Mailing Address Applied For 4. FEJ Number 2. Principal Place of Business 65-08 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apl. #, etc. 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 23 Country 8. This conjugation owes the current year Intergible Zip Country ĽNo. ∏ Vas ___Personal Emperty Tax._ 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 OH, YOUN KYUNG Street Address (P.O. Box Number is Not Acceptable) 82 2641 NW 5TH AVENUE MIAMI FL 33127 83 Zip Code 84 City 85 11. Fursuant to the provisions of Sections 607.0:102 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered ciffice 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 OUN KYUNG OH CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. (] Change ☐ A dation OFLETE 11TITLE TITLE 1.2 NAME OH. YOUN KYUNG NAME 701 BRICKELL KEY #408 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33131 14 CITY-ST-ZIP CITY-S"-ZIP [] Change Addition □ DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIF A idition [] Change DELETE 3171TLE TITLE 12 NAME HAME 3.3 STREET ADDRESS STREEL ADDRESS 34 CTTY-ST-ZIP CRY-S1-ZIP [] Change A jdition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-ZIP [] Change ☐ A idition DELETE TITI F 5.2 NAME NAME 5.3 STREET ADORESS STREET ADORESS 5.4 CITY-SY-ZIP CITY ST-ZIF ☐ Ac ditton []Change DELETE 6.1 T/T) F TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 ennual report or suppliemental annual report is true and accurate and that my signature shall have the same legal affect as if made under cath; that I am an officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in 8 lock 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

FILED

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