1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000086519

1. Corporation Name

SUNISUN HING CORPORATION

Mar 22, 1999 8:00 am **Secretary of State**

03-22-1999 90127 039 ***150.00



Principal Place o	n business	Maining Address				
507 WYNNWOOD	DRIVE	507 WYNNWOOD DRIVE				
BRANDON FL 335	511	BRANDON FL 33511		DO NOT WRITE IN THIS S	DACE	
				DO NOT WRITE IN THIS S	FACE	
				3. Date Incorporated or Qualifed		
			.,	10/07/1998		
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For	
5602	56th Commence PK	26 P.O. Box 11	1462	59-3538355	Not Applicable	
Suite, Apt. #;	etc.	Suite, Apt. #, etc. = ====		5. Certificate of Status Desired	\$8.75 Additional	
2		27			Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
TAMP	A. FL	28 TAMPA, FL		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intan		
336	10 25 USA	29 33610 30	USA	Personal Property Tax.] Yes ■ No	
	9. Name and Address of Current			10. Name and Address of New Registered Ag	gent	
			81 Name			
TSE, DAVID				82 Street Address (P.O. Box Number is Not Acceptable)		
507 WYNNWOOD DRIVE			82 Street Address (P.O. Box Number is Not Acceptable)			
	DON FL 33511		83			
7.5			[3]			
			84 City		85 Zip Code	
				FL	it	
office or rec	ine provisions of Sections 607.0502 jistered agent, or both, in the State of familiar with, and accept the obligati	of Fiorida. Such change was author	izeu by the corp	corporation submits this statement for the purpose of choration's board of directors. I hereby accept the appoint	ment as registered	
		·		•	ļ	
SIGNATURE	gnature, typed or printed name of registered agent	and title if applicable. (NOTE: Regis	tered Agent signature	required when reinstating) DATE		
12.	OFFICERS AND	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE		☐ DELETE	I.1 TITLE	1 203.00.	Change Addition	
NAME			1.2 NAME	TSE, DAVID	T 5. 334.0	
STREET ADDRESS			1.3 STREET ADDRESS	5602 56th Commence PK BLVD	K144-64-4-23-010	
			1.4 CITY-ST-ZIP	TAMPA, FL 33610		
TITLE			2.1 TITLE		Change Addition	
1		_	2.2 NAME	By CHUNG KNOW		
NAME		1	2.3 STREET ADDRESS	LACE TO MENER DE DE RIV	D	
STREET ADDRESS	The second second	***************************************		TAMPA, FL 33610		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		Change Addition	
TITLE			3.1 TITLE			
NAME			3.2 NAME	DUONE, HUNG	PINA	
STREET ADDRESS			3.3 STREET ADDRESS	5602 56th Commerce PK	72 KA 77 '	
CITY-ST-ZIP,			3.4. CITY-ST-ZIP	TAMPA, FL 33610		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME		Į.	4. 2 NAME		İ	
STREET ADDRESS			4.3 STREET ADDRESS		1	
CITY-ST-ZIP,		I.	4.4 CITY-ST-ZIP			
TITLE			5.1 TITLE		☐ Change ☐ Addition	
1.	•		5.2 NAME	·	}	
NAME			5.3 STREET ADDRESS			
STREET ADDRESS				1		
CITY-ST-ZIP			SACITY ST 7ID]	
		. !	5.4 CITY-ST-ZIP	·	Change Addition	
TITLE		DELETE	6.1 TITLE		Change Addition	
TITLE NAME		☐ DELETE		·	☐ Change ☐ Addition	

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.

6.4 CITY-ST-ZIP

STREET ADDRESS