

FILED

99 JUN 25 AM 11:12

SECRETARY OF STATE

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/98

4. FEI Number
65-092967E

| |
|----------------|
| Applied For |
| Not Applicable |

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HESS, THOMAS J ESQ.
501 BRICKELL KEY DRIVE #407
MIAMI FL 33131

| | |
|----|------|
| 81 | Name |
|----|------|

| | |
|----|----------------------------------------------------|
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
|----|----------------------------------------------------|

83

| | |
|----|------|
| 84 | City |
|----|------|

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


(NOTE: Registered Agent signature required when reinstating)

DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

| TITLE |  DELETE |
|-----------------|--------------------------------------------------------------------------------------------|
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|----------------|--------------------------------------------------------------------------------------------|
| TITLE |  DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | <input type="checkbox"/> DELETE |
|----------------|---------------------------------|
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President Secretary Treasurer ☒ Addition
1.2 NAME Brook Lichdale
1.3 STREET ADDRESS 911 Deville Niagara Suite #5
1.4 CITY-ST-ZIP South Cayuga, NY 13219

2.1 TITLE Director ☐ Change ☒ Addition
2.2 NAME Brooks, Richard L
2.3 STREET ADDRESS 911 Deville - 142A Suite # 5
2.4 CITY-ST-ZIP South Daytona, FL 32119

| | | |
|---------------------|---------------------------------|-----------------------------------|
| 3.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |

| | |
|--------------------|-------------------------------------------------------------------|
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY- ST- ZIP | |

| | | |
|---------------------|---------------------------------|-----------------------------------|
| 5.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | 7 | |

| | | |
|--------------------|---------------------------------|-----------------------------------|
| 6.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY- ST- ZIP | | 11221 |

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 as an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS D. HESS *Thomas D. Hess / Director*

30 APR 99

305 374/8302

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