5/2 FILED 2001 UNIFORM BUSINESS REPORT (UBK) Jun 21, 2001 8:00 am DOCUMENT # P98000105320 **Secretary of State** 05-29-2001 90008 009 ***150.00 DAEWOO ELECTRONICS CENTRAL AMERICA INC. Mailing Address Principal Place of Business 8525 NW 53 TERRACE #211 8525 NW 53 TERRACE #211 MIAM! FL MIAMI FL 2. Principal Place of Business 3. Mailing Address 8300 N.W. CBRD STRET BOO N.W. 53RD STREET DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #. etc. 202 202 Applied For 4. FEI Number City & State 65-0881706 City & State Not Applicable MIAMI MISHI \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 33166 33/66 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -CHUL CHOL EUNG J Street Address (P.O. Box Number is Not Acceptable) 7380 SW 107 AVENUE #1208 8300 N.W. 53RD STREET. #202 MIAMI FL 33173 8. The above riamed entity submits this statement for the purpose of changing its agistered office or registered agent, or both, in the State of Florida. SIGNATURE X and agent and title if applicable. (NOTE Flegistered Agent signature required when reinstating) FILE NOW! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Fee will be \$550.00 to Department of State After MAY 1, 20 Tax filing requirement and elects to do se Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payab ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition Change Delete TITLE TITLE NAME YAME. LEE. HS STREET ADDRESS STREET ADDRESS 11460 SW 102ND ST CITY-ST-ZIP CITY-SI-ZIP MIAMI FL 33176 TITLE mie TS X Delete E J, CHOÎ NAME NAME STREET ADDRESS 7380 SW 107 AVE #1208 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** ☐ Addition ☐ Change TITI F NTLE Delete NAME LEE, CHUL NAME STREET ADDRESS STREET ADDRESS 8205 S.W. 132ND ST. CITY-ST-ZIP CITY-ST-ZIF MIAMI FL 33156 Addition Change IJTLE Delete TITLE CHANG-SUK, OH NAME NAME STREET ADDRESS 11353 S.W. 87 TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33173 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Deleta IIILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental report is true and accurate and that n y 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 is required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Dayeime Phone #

SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER : IN DIRECTOR

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