	UNIFORM BUSI		RT (UBR)	FILED Aug 16, 2001 8:00 am Secretary of State	0140591
<ol> <li>Entity Name</li> </ol>	MENT # P9900  JISINE, INCORPORATED	0053528		Secretary of State 08-16-2001 90005 022 ***558.75	ૡ
Principal Plac 7800 S. HWY 112 FERN PARK F	17-92	Mailing Address 7800 S, HWY 17-92 112 FERN PARK FL 32730			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & Stat	e	City & State		4. FEI Number 59-3580007 Applied For Not Applicable	-
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required	
7800 S. H	6. Name and Address of Current I ONG KUNG WY 17-92, STE 112 RK FL 32730	legistered Agent	Street Address	7. Name and Address of New Registered Agent  HAU ZHAE  (P.O. Box Number is Not Acceptable)  5. Hwy 11-92, #112  N PARK FL Zip Code 32.730	
SIGNATURE  9. This corporate filling in the second	egnature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After September 12		10. Election Gampeign Financing \$5:00 May Be Trust Fund Contribution Added to Fees	       
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHOU, HONG KUNG 90 NO. TRIPLET LAKE DRIVE CASSELBERRY FL 32707	DIRECTORS X Delete	STREET ADDRESS 786	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  Addition  S. Hay 17-92, #112  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	9Eno.4 (E/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHOU, YA LING LEE 90 NO. TRIPLET LAKE DRIVE CASSELBERRY FL 32707	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
indicated of the cor	on this report or supplemental report is	true and accurate and that me wered to execute this report a	ly signature shall have the as required by Chapter 60 ZHA0 SHA		
SIGNAT		RINTED NAME OF SIGNING OFFICER OF	PRESTOR	DENT 0-13-01 (47- Date Daytime Phone #	