2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091935 Apr 28, 2000 8:00 am Secretary of State DRAGON PALACE, INC. 04-28-2000 90074 020 ***150.00 Principal Place of Business Mailing Address 1241 AIRPORT ROAD S. 1241 AIRPORT ROAD S. NAPLES FL 34104 NAPLES FL 34104-4816 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3604307 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required ~-7.-Name and Address of New Registered Agent -6.-Name and Address of Current Registered Agent -GAO, XIN MING Street Address (P.O. Box Number is Not Acceptable) 1241 AIRPORT ROAD S. NAPLES FL 34104 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D Change Addition TITLE TITLE □ Delete GAO, XIN MING NAME NAME STREET ADDRESS 1241 AIRPORT ROAD S. STREET ADDRESS CITY-ST-ZIP NAPLES FL 34104 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - 🔲 Change --- . 🔲 Addition -Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IP Change ☐ Addition TITLE ☐ Delete 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 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 11 or Block 12 if

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changed, or on an attachment with an address, with all other like empowered