DOCUMENT # P99000098630 1. Entity Name FII FN ORLANDO TRADING, INC. 00 MAY 25 PM 12: 15 Principal Place of Business Mailino Address SECRETARY OF STATE 423 W. VINE STREET 423 W. VINE STREET KISSIMMEE FL 34741 KISSIMMEE FL 34741-4154 TALLAHASSEE, FLORIDA 3. Mailing Address 2. Principal Place of Business 5329 Flyina Eagle Lu Torrado Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 593 6222 Applied For City & State Lissimmee - FL Not Applicable Country \$8.75 Additional Złp Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANSARI, FAREED Street Address (P.O. Box Number is Not Acceptable) 423 W. VINE STREET KISSIMMEE FL 34741 Zip Code City its registered biffe bregistered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of SIGNATURE E: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if appli FILE NOW!!! FEE IS \$150.00 -9. This corporation is eligible to satisfy its Intangible 10. Flection Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) √⊅′ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) TITLE TITLE ☐ Delete ANSARI, FAREED NAME NAME STREET ADDRESS 423 W. VINE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF KISSIMMEE FL 34741 **□** Addition ☐ Dateta TITLE Change Change RAB NAME NAME STREET ADDRESS STREET ADDRESS 5329 FIYING EAGLE LN CITY-ST-ZIF CITY-ST-ZIP KISSIMMEE, FLI 34746 ☐ Delete ☐ Change ✓ Addition TITLE TITLE MOHAMMAD - AZHAR NAME NAME PRESIDENT STREET ADDRESS STREET ADDRESS 5329 Hying Cagle CITY-ST-ZIP CITY-ST-ZIP _ 🔲 Addition *TITLE = Delete TITLE-☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE TITLE ☐ Delete 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 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 changed, or on an attachment with an address, with all other very empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PR