2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 08, 2000 8:00 am Secretary of State DOCUMENT# S19788 i. Entity Name 05-08-2000 90020 049 ***150.00 PACIFIC RIM CORPORATION Principal Place of Business Mailing Address 8180 NW 29 Street, 2nd Floor 10404 NW 3 Street Pembroke Pines, Miami, FL. 33122 33026 FL. 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0264028 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WONG, MEE Street Address (P.O. Box Number is Not Acceptable) 10404 NW 3 Street Pembroke Pines, FL. 33026 City Zip Code FL 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, 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 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 11. 12 CR2E034 (9/99 ☐ Change Addition TITLE PSDT ☐ Delete NAME NAME WONG, MEE STREET ADDRESS STREET ADDRESS 10404 NW 3 Street CITY-ST-ZIP CITY-ST-ZIP Pembroke Pines, FL. 33026 ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Defete TITLE TITLE NAME NAME LI, ZHONGGANG STREET ADDRESS STREET ADDRESS 18985 Cloud Lake Cir CITY-ST-ZIP CITY-ST-ZIP Boca Raton, FL. 33496 Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR