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P**R**OFIT CORPORATION ANNUAL REPORT

1998

ALL PRINCIPLES



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V29421 **BAUREX CORPORATION** Mailing Address Principal Place of Business 4013 W. LINEBAUGH AVENUE 15020 ROCKY LEDGE DR TAMPA FL 33625 DO NOT WRITE IN THIS SPACE TAMPA FL 33624 3. Date Incorporated or Qualified 04/17/1992 2. Principal Place of Business 2a. Mailing Address Applied For ✓ Not Applicable 21 26 59-3119840 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. □ No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHANG, IK KOON 4013 W. LINEBAUGH AVENUE Street Address (P.O. Box Number is Not Acceptable) **SUITE 109** 83 **TAMPA FL 33624** 84 City Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NO1L: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 TITLE TITLE CHANG, IK KOON 1.2 NAME NAME 15020 ROCKY LEDGE DR 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY- ST- ZIP DELETE 2.1 TITLE Change Addition TITLE **VTD** CHANG, HYUNSOOK K NAME 2.2 NAME 15020 ROCKY LEDGE DR STREET ADDRESS 23 STHEET ADDRESS TAMPA FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE Change Addition 3 1 71718 LEE, CHANG H NAME 3.2 NAME 6707 NORTH HABANA STREET ADDRESS 3.3 STREET ADDRESS **tam**pa fl CITY-ST-ZIP 3.4. CITY- \$1 - 7IP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C/1Y - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental arrival 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 roceiver or trusted or supplemental arrival 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 roceiver or trusted or supplemental arrival report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with a address.

CIGNATURE:

Describbul)

IN VADA CHANGE

4/20/08

(413) 265-4835

FILED

May 06 1998 8:00am

Secretary of State