FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 PROFIT Apr 29 1997 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # V32684 (5)TIENSA, INC. Principal Place of Business Mailing Address 1405 FAIRBANKS AVE. 1405 FAIRBANKS AVE. WINTER PARK FL 32789 WINTER PARK FL 32789-4805 3. Date Incorporated or Qualified 3a. Date of Last Report 04/29/1992 04/09/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3124594 Not Applicable Sulte, Apt. #, etc. Suite. Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No 24 25 29 Florida Statules 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name TRAN, HANH 1405 FAIRBANKS AVE. 82 Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789 83 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE Change Addition TRAN, HANH NAME 1.2 NAME 1405 FAIRBANKS AVE STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL CITY-ST-ZIP 1.4 CITY - S1 - ZIP DELETE TITLE Change Addition 21 DILE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP DELETE TITLE Change Addition 3171111 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition 4.2 NAM: STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP ☐ Change TITLE DEL ETE 5.1 THEE Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change TITLE 6.1 TITLE Addition NAME 6.2 NAME

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP