FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR -2 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V67574 (6)

1. Corporation Name
MIJAN, INC.

Principal Place of Business	Mailing Address
8362 PINES BLVD STE 309 PEMBROKE PINES FL 33024 US	8362 PINES BLVD STE 309 PEMBROKE PINES FL 33024 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 65-0362506 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MICHAEL CHEN
8320 SHERMAN CIR
MIRAMAR FL 33025

10. Name and Address of New Registered Agent

81 Name: MICHAEL CHEN
82 Street Address (P.O. Box Number is Not Acceptable): 434 S.W. 177 AVE.
83: PEMBROKE PINES, FL
84 City: PEMBROKE PINES FL 85 Zip Code: 33029

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	CHEN, MICHAEL	1.2 NAME	MICHAEL CHEN	
STREET ADDRESS	8320 SHERMAN CIR	1.3 STREET ADDRESS	434 S.W. 177 AVE.	
CITY-ST-ZIP	MIRAMAR FL	1.4 CITY-ST-ZIP	PEMBROKE PINES, FL. 33029	
TITLE	D	2.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	CHEN, JANICE	2.2 NAME	MICHAEL CHEN	
STREET ADDRESS	8320 SHERMAN CIR	2.3 STREET ADDRESS	434 S.W. 177 AVE.	
CITY-ST-ZIP	MIRAMAR FL	2.4 CITY-ST-ZIP	PEMBROKE PINES, FL. 33029	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Michael Chen 2-22-95 438-8988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008775 CP