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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 847260

(7)

VAN AN CO., INC.

FILED Jan 27 1997 8:00am Secretary of State

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		CHE RIKK DOK DODI	######################################	BURK BKW 18 8

Principal Place of Business # C. BRENT MCCAGHREN. ESO. 250 PARK AVE. SOUTH. BOX 890 WINTER PARK FL 32790 2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country		Mailing Address ** C. BRENT MCCAGHREN. ESO. 250 PARK AVE. SOUTH. BOX 880 WINTER PARK FL 32790-0880 2a. Mailing Address 26 Soile, Apt. #, etc. 27 City & State 28 Zip Country			3. Date Incorporated or Qualified 10/20/1980 01/30/1996 01/30/1996 4. FEI Number Applied Applied Not Ap 5. Certificate of Status Desired \$8.75 Addit Fee Require 6. Election Campaign Financing Trust Fund Contribution Added to Fe				
Zip 24	25	29	30	·1. y		This corporation has liability for Florida Statutes	intangible Yes [' \$. 199.032,
	9. Name and Address of Current		1901			10. Name and Address of New Re			
250 Wint	AGHREN, C. BRENT , ESQ. SOUTH PARK AVENUE , FIFTH F IER PARK FL 32789 a the provisions of Sections 607 0502			81 82 83 84	City	dress (P.O. Box Number is Not Acceptal	FL		p Code
agent. Lar	egistered agent, or both, in the State of in familiar with, and accept the obligat Styrature types to period care of registered agent OFFICERS AND	and file Tappicable. (N	Florida State	utes	S.	ADDITIONS/CHANGES TO OFFIC	DATE	- 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TSENG-VAN LIEU,DAVID 1201 GREAT EAGLE CENTRE HONG KONG	☐ DELETE	1.1 TH 1.2 NA 1.3 ST 1.4 CH	ME Reet	ADDRESS T-ZIP		·· · · · · · · · · · · · · · · · · · ·	☐ Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D CHEN,MADAME SHIRLEY S.L. 1201 GREAT EAGLE CENTRE HONG KONG	DELETE	2.1 TIT 2.2 NA	LE ME REET	AODRESS			Chang	e Addilion
TITLE NAME STREET ADDRESS	D YU, MR. CHENG-YUNG 300 WINSTON DR. CLIFFSIDE PARK NJ	☐ DELETE	3 1 TIT 3.2 NA 3.3 ST	LE ME REET	ADDRESS			Chang	e Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS DITY-ST-ZIP	ON LODG LUIS IN	DELETE	3.4. C) 4.1 TiT 4. 2 No 4.3 ST	LE AME REET	ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		DELETE	5.1 TIT 5.2 NA	TLE VME REET	ADDRESS			☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TIT 6.2 NA	LE AME REET	ADDRESS			☐ Chang	e Addition

4. 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 distance in powered 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 attack ment of the properties.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OF DIRECTOR

1/14/97

(201) 944-0899

Daytime Phone #