FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P94000079112 (6) **DOCUMENT**

ORIENTAL DECOR OF SOUTH FLORIDA, INC.

FILED Mar 02 1998 8:00am Secretary of State

|--|--|

Principal Place	OFDUSITIESS	Mailing Address			1				
4141 N.E. 2ND	AVE	4141 NE 2ND AVE							
SUITE 116		SUITE 116			DO NOT WRITE IN 1	יטופ פא	A CC		
MIAMI FL 3313	37	MIAMI FL 33137 US				HIS 5P	AUE		\neg
US		US			3. Date Incorporated or Qualified				
9 Principal Di	ace of Business	2a. Mailing Address			10/27/1994 4. FEI Number			Applicat Co.	\dashv
	nce of observes	ի¬ -			1			Applied For	\exists
21 Suite Act i	eff ato	Suite, Apt #, etc.			65-0531807			Not Applicabl	쁵
Suite, Apt. #, etc.		├ ─┐			5. Certificate of Status Desired	1		Additional Regulred	- 1
22 City & State		City & State	···········					<u>`</u>	-
_	,	}1			6. Election Campaign Financing Trust Fund Contribution	1		May Be	
23 Zip	Country	28] 7(p	Count	n/				d to Fees	\dashv
	 	 	30	y	This corporation owes or has paid the Personal Property Tax due June 30.			Intangible No	
24	25 g. Name and Address of Current	29 Registered Agent	1301		10. Name and Address of New Registe			□ 140	
		Hogisteles Agent	8	1 Name	It. Hallo allo Adoless of Non Hogist	nou ny			\dashv
	CHMAN, HOWARD J ESQ.			11447110					
	O W SAMPLE ROAD		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)				٦
	TE 205		8						4
COI	RAL SPRINGS FL 33085		18	3				•	
			8	4 City			85 Zij	p Code	┪
				1		ᅡᆫᆝ	· '	•	
11, Pursuant to	o the provisions of Sections 607.0502	2 and 607.1508, Florida Stat	tutes, the abo	ve-named cor	poration submits this statement for the purporation's board of directors. I hereby accept the	se of cl	nanging	its registered	3
agent I ar	ngistered agent, or born, in the state on familiar with, and accept the obligation	itions of, Section 607.0505,	Florida Statut	os.	ation's board or directors. Thereby accept the	appoi	RATIONIL E	as registered	
SIGNATURE									
Sidif/itione 1	Signature, typed or printed name of registered egen		IOTL: Registered A	gent signatura requ	lired when reinstaling) D	ATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS				
TITLE	DP	DELETE	1.1 TITLE			L	_ Change	e 🔲 Additio	u ž
NAME	CHOW, KENI		1.2 NAME	<u> </u>					
STREET ADDRESS	8687 MELROSE AVE #B129		1.3 STRE	ET ADDRESS					
CITY-ST-ZIP	LA CA		1,4 CITY	ST-ZIP					18
TITLE	DV	DELETE	2.1 TITLE				Change	e 🔲 Additio	مار
NAME	CASEY, LIONEL		2.2 NAM		ŧ •	,			
STREET ADDRESS	1746 S SHERBOURNE		2.3 STRE	ET ADDRESS					1
CITY-ST-ZIP	LOS ANGELES CA		2. 4 CITY	1					1
TITLE		DELETE	3.1 TITLE				Change	e Addition	n
NAME			3.2 NAM				_		
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP		DELETE	3.4. CITY 4.1 TITLE			Т	Change	e Addition	$\overline{}$
TITLE		[Diff.if				1	J Change		"
NAME			4. 2 NAM						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			4.4 CITY						_
TITLE		☐ DELETE	5.1 TITLE			L.	Change	e Additio	^л [
NAME			5.2 NAMI						
STREET ADDRESS			5.3 \$TRE	ET ADDRESS					
CITY-ST-ZIP			5.4 City	-ST-ZIP					↲
TITLE		☐ DELETE	6.1 TITLE				Change	e Additio	n]
NAME			6.2 NAMI	:					
STREET ADORESS			6.3 STRE	ET ADDRESS					
CITY-ST-7IP			6.4 CiTY						-

14. 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 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 trust is 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 altrachment with an address.