

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

FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **S12226** (4)
1. Corporation Name
ORIENT EXQUISITE, INC.



Principal Place of Business
**4949 INTERNATIONAL DR
SUITE K-3, BELZ MALL W
ORLANDO FL 32819**

Mailing Address
**9342 AIRPORT BLVD
ORLANDO FL 32809
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/02/1980	
21 Suite, Apt. #, etc.	26 9342 AIRPORT BLVD	4. FEI Number 59-3037358		Applied For Not Applicable	
22 City & State	27 ORLANDO FLORIDA	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip 32827	28 Country US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25	29		30	
9. Name and Address of Current Registered Agent CHONG, WANN K. 12930 BROOKFIELD CR ORLANDO FL 32821		10. Name and Address of New Registered Agent			

81 Name	CHONG, WANN K
82 Street Address (P.O. Box Number is Not Acceptable)	9524 CROWN PRINCE
83	
84 City	WINDERMERE FL
85 Zip Code	34786

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	CHONG, WANN K.	1.2 NAME	CHONG, WANN K.
STREET ADDRESS	12930 BROOKFIELD CIR	1.3 STREET ADDRESS	9524 CROWN PRINCE
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	WINDERMERE FL
TITLE	VP	2.1 TITLE	VP
NAME	SINGH, DALIP	2.2 NAME	SINGH, DALIP
STREET ADDRESS	7808 AUTUMN WOOD DR	2.3 STREET ADDRESS	912, SUMMER LAKES DR
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO FL
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: **Dalip Singh** **DALIP SINGH** **1/28/98** **407-825-6650**

CP2E034 (10/97)