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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000057678 (0)

ORIENTAL SHUTTLE, INC.

Principal Place of Busin	<b>10</b> 85
1561 ROY DR	
WEST PALM BEACH FL	33415

2. Principal Place of Business

Mailing Address

2a. Mailing Address

1561 ROY DR

WEST PALM BEACH FL 33415-5544

## FILED Apr 15 1997 8:00am Secretary of State



3a. Date of Last Report

Applied For

3. Date Incorporated or Qualified

07/08/1996

4. FEI Number

21		[26]				<u> </u>			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired See Require			
City & Stat	e	City & St	ale	***************************************		6. Election Campaign Financing	r	\$5.00	
23		28				Trust Fund Contribution	<u> </u>	Added t	
<i>Z</i> ∙p 	Country	Zip		Country	y	8. This corporation has liability fo			199.032,
24	25 25 Name and Address of Currer	29		30		Florida Statutes  10. Name and Address of New F		No	
		it Medisteren Ade	) FILL	81	Name	10, Name and Address of New H	iedistelen v	rgent	
SAE-LIM, SOMBAK				١٠.	Namo				
1561 ROY DR				82 Street Address (P.O. Box Number is Not Acceptable)					
AAE:	ST PALM BEACH FL 33415			83	<del> </del>	<del></del>	<del></del>		
				~					
				84	City		<u> </u>	85 Zip (	Code
	10	10074500			<u> </u>		FL		and the second
office or r	egistered agent, or both, in the State	of Florida Such of	change was at	uthorized b	y the corporat	poration submits this statement for the ion's board of directors. I hereby acc	purpose or ept the appo	changing its ointment as	s registered registered
agent. La	m familiar with, and accept the oblig	atons of Section	607.0505, Floi	rida Statute	S.	1.10 100	,		• • • •
SIGNATURE	Xomen	Ju - K				4/9/9/			
		ent and tide if applicable D DIRECTORS	(NOTE		en! signatura requir	red when reinstating)	DATE	DIDECTOR	C IN TO
12.	D OFFICERS AN		DELETE	13.		ADDITIONS/CHANGES TO OFF		Change	Addition
NAME	SAE-LIM, SOMSAK		" percit	1.2 NAME	}			CT CHAINGS	PAGENTON
	1561 ROY DR				T 4000000				
STREET ADDRESS	WEST PALM BEACH FL 3341	5		1	T ADDRESS				
CITY-ST-ZIP TITLE	WEST TALM BEASITIE SOUTH		DELETE	2.1 TITLE	St-ZIP			Change	Addition
		L	_j occit	2.1 HILE 2.2 NAME	-			FTT CHIRINGS	L.J Addition
NAMÉ					T. 1. D. D. C.				
STREET ADDRESS					T ADDRESS				
CITY-ST-7IP		г	DELETE	2. 4 CITY - 3.1 TITLE	\$1-ZIP		<u> </u>	Change	Addition
		Ļ.	1 precie	3.1 MILE				CT Gridings	L. Addition
NAME					1				
STREET ADDRESS					T ADDRESS				
CHTY-ST-ZIP			1 DELETE	3.4. CITY-	SI-ZIP		·····	Change	Addition
TITLE		L.	") OECETE	4.1 TITLE				L Change	TI MODITOR
NAME CINCLY ADDRESS:				4. 2 NAME					
STREET ADDRESS	}				T ADDRESS				
CITY ST-209			DELETE	4.4 CITY -	SI - ZIP		<del></del>	Change	Addition
TITLE		L	7 NECELE	51 TITLE	ļ			CHAIGE	LLI KOUIION
NAME				5.2 NAME					
STREET ADORESS					T ADDRESS				
City St. ZiP			DELETE	54 CITY-	ST-ZIP		<del> </del>	Change	Addition
TITLE		L	ש טנגנונ	6.1 TITLE				Change	L. Addition
NAME				6.2 NAME	- 1				
STREET ADDRESS					T ADDRESS				
CITY-S1-ZIP		3 30 10 40 3	e e	6.4 CITY-		1 - C	. 14 -		Ab. a
14. I do herel information	by certify that the information supplie on indicated on this annual report or :	id with this filing di supplemental anni	oes not qualify ual report is tri	y for the ex ue and acc	emption stated urate and that	d in Section 119.07(3)(i), Florida Statu t my signature shall have the same le	tes. I further Dal effect as	certify that	tne der oath: that
I am an c	officer or director of the corporation of	r the receiver or tr	ustee empowe	ered to exe	cute this repo	rt as required by Chapter 607, Florida	Statutes: at	nd that my r	name