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 MAY 11 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 645252 (8)

1. Corporation Name
ORIENT MARKETING, INC.

Principal Place of Business	Mailing Address
822 NE 125TH STREET, STE 107 NORTH MIAMI FL 33161	822 NE 125TH STREET, STE 107 NORTH MIAMI FL 33161

3. Date Incorporated or Qualified: 11/14/1979
3a. Date of Last Report: 04/20/1994

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

4. FEI Number: 65-0093701 — 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BROWN, LAWRENCE O
400 W. PROSPECT RD.
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	LAM, JAMES H.
STREET ADDRESS	1161 N.E. 199TH STREET
CITY-ST-ZIP	MIAMI FL
TITLE	STD
NAME	LAM,GRACE WAI MUN POU
STREET ADDRESS	1161 N.E. 199TH STREET
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (each entry: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; ☐ Change ☐ Addition)

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)(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: Lam Grace Wai Mun Pou
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

0173435 CP