

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F28520** (7)

1. Corporation Name

CARRIE ORIENTAL, INC.



Principal Place of Business

**3331 SHERIDAN STREET
HOLLYWOOD FL 33021**

Mailing Address

**3331 SHERIDAN STREET
HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified 04/06/1981	3a. Date of Last Report 01/24/1995
4. FEI Number 59-2090374	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**WAN, DAVE
3530 N 37 ST
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

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

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAN, DAVE	1.2 NAME	
STREET ADDRESS	3530 N 37 ST	1.3 STREET ADDRESS	
CITY-STATE-ZIP	HOLLYWOOD FL	1.4 CITY-STATE-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAN, OI-LING	2.2 NAME	
STREET ADDRESS	611 N RAINBOW DRIVE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	HOLLYWOOD FL	2.4 CITY-STATE-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUM, HARRY	3.2 NAME	
STREET ADDRESS	207 LAWN ACRE CIR	3.3 STREET ADDRESS	
CITY-STATE-ZIP	HOLLYWOOD FL	3.4 CITY-STATE-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONG, SAM J	4.2 NAME	
STREET ADDRESS	3530 N 37 ST	4.3 STREET ADDRESS	
CITY-STATE-ZIP	NO MIAMI BCH FL	4.4 CITY-STATE-ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAN, L.P.	5.2 NAME	
STREET ADDRESS	16465 NE 2ND AVE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	NO MIAMI BCH FL	5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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)(k), 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: DAVE WAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

Date

Daytime Phone #

CR2E034 (12/95)