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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 14 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F76301

(3)

OCEANIC TRADING INTERNATIONAL, INC.

·	io madina internatio	MAL, INO					
Principal Plac	e of Business	Mailing Address	Mailing Address			81 01011 81011 E1011 D1014 01011 D1011 1001	
1809 N. TAMPA STREET TAMPA FL 33602		1609 N. TAMPA STREET TAMPA FL 33602-2646					
					3. Date Incorporated or Qualified 04/14/1982	3a. Date of Last Report 03/05/1996	
2. Principal Place of Business		2a. Mailing Address	28. Mailing Address 26		4. FEI Number 59-2198965	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip Country		<b>28</b> 7 p			Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29 30		30		Florida Statutes Yes No		
	9. Name and Address of Curr	rent Registered Agent	8	I Name	10. Name and Address of New Ro	egistered Agent	
	DI, TAK CHIN 9 N. TAMPA ST						
	PA FL 33602		8		ess (P.O. Box Number is Not Accepta	ble)	
	•		8:				
			84	City		FL 85 Zip Code	
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	502 and 607.1508, Florida Statut ale of Florida. Such change was a ligations of, Section 607.0505, Flo	es, the abor authorized b orida Statuti	ve-named corp by the corporations.	oration submits this statement for the ion's board of directors. I hereby acce	purpose of changing its registered opt the appointment as registered	
SIGNATURE	Signature, typed or printed name of registerial	agent and trient applicable (NO:	E. Ficaistered A	gent signature require	ed when reinstalling)	DATE	
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PO	DELETE				Change Addition	
NAME	CHOI, TAK CHIN		1.2 NAME				
\$TREET ADDRESS	2103 S CORTEZ AVE.		13 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL	DELETE		ST-ZIP			
TITLE	D DELETE DELETE		21 TITLE			Change Addition	
NAME STREET ADDRESS	1609 N. TAMPA ST	2.2 NAME		T ADDOLOG			
CITY-ST-ZIP	TAMPA FL		2 3 STREET ADDRESS 2 4 CITY-SI-ZIP				
TITLE	D	DELLITE 3.1		51.717		Change Addition	
NAME	CHIANG, SIEW HAR						
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL			- S1 - ZIP			
TITLE	TS	DELETE 4.1				Change Addition	
NAME	CHOI, YUET NGOR		4. 2 NAM				
STREET ADDRESS	2103 S. CORTEZ AVE.		4.3 STREE	1 ADDRESS			
CITY-ST-ZIP	TAMPA FL	····		S1-ZIP			
TITLE	VPD	DELETE 5.1 TO				Change Addition	
NAME	CHOY, CHAN CHIN		5.2 NAME	i			
STREET ADDRESS	4809B ERLICH RD.			1 ADDRI SS			
CITY-ST-ZIP	TAMPA FL	DELFIE	5.4 CITY-	ST-7IP		06	
TITLE		☐ DERFIE	G.1 TITLE			Change Addition	
NAME STREET ADDRESS			6.2 NAME	I ADODICO			
STREET ADDRESS				I ADDRESS			
14. I do hereb	by certify that the information supp	lied with this filmo does not qualit	6.4 CHY- fy for the ex		in Section 119.07(3)(i). Florida Statute	es. I further certify that the	
informatio I am an of appears in	n indicated on this au Aiat regol to ficer or director of the exposition of Block 12 or Block 13 Nonapiped	r supplemental annual report is t or the receiver or trustee impor or on an astrictment with an ack	rue and acc eled to exe tress	curate and that cute this report	in Section 119.07(3)(i), Florida Statute my signature shall have the same lega t as required by Chapter 607, Florida S	al effect as if made under eath; that Statutes; and that my name	