

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 # F93000005841 (2)

1. Corporation Name

TRANS AMERICA INTERNATIONAL TRADING CORP.



Principal Place of Business

Mailing Address

10-27 45TH AVE  
LONG ISLAND CITY NY 11101  
US

10-27 45TH AVE  
LONG ISLAND CITY NY 11101  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

CHOU, BEN M  
8787 SOUTHSIDE BLVD  
APT 9312  
JACKSONVILLE FL 32256

3. Date Incorporated or Qualified  
12/23/1993

3a. Date of Last Report  
04/26/1995

4. FET Number

11-2951703

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes ☐ No ☒

10. Name and Address of New Registered Agent

81 Name

CHOU, BEN M.

82 Street Address (P.O. Box Number is Not Acceptable)

8248 WALLINGFORD HILL LANE

83

84 City

JACKSONVILLE

FL

85 Zip Code

32256

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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, which 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

*Mary M. Bodajlo*

MARY M. BODAJLO

DATE

3/28/96

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CHOU, TOM M  
STREET ADDRESS 28-16 160 ST  
CITY-ST-ZIP FLUSHING NY

TITLE VD ☐ DELETE

NAME CHOU, BEN M  
STREET ADDRESS 8787 SOUTHSIDE BLVD #9312  
CITY-ST-ZIP JACKSONVILLE FL

TITLE STD ☐ DELETE

NAME BODAJLO, MARY M  
STREET ADDRESS 31-04 32ND ST  
CITY-ST-ZIP ASTORIA NY

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Dayton Phone:

CR2E034 (12/95)