SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

201 NEPTUNE AVE #21R

BROOKLYN NY 11235

PROFIT CORPORATION ANNUAL **R**EPORT

1998

Principal Place of Business

201 NEPTUNE AVE #21R

BROOKLYN NY 11235



FLORIDA DEPARTMENT OF STATE

FILED

Oct 01 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

1998

3. Date Incorporated or Qualified

10/07/1996

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600005195 (0)

ASAY EXPORT-IMPORT TRADING AND MANAGEMENT CORPOR **ATION**

1							1010111000			
	Place of Business	2a. M	2a, Mailing Address				4. FEI Number Applied			
21		26	26				11-3300127 Not A			
Suite, Apl. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required			
City & Stat	le		City & State				6. Election Campaign Financing	\$5.6	00 May Be	
23		28	28			,	Trust Fund Contribution		ed to Fees	
Zip	Country	2	Z ip	Country			8. This corporation owes or has paid the current year Intangible			
24	25	29		30				Yes	No	
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered A	gent		
ASLAN, SÚAT					1	Name				
6354 HOLLYWOOD ST					82 Street Address (P.O. Box Number is Not Acceptable)					
PALM BOH GARDENS FL 33418				0	82 Street Address (P.O. Box Number is Not Acceptable)					
				8	63					
								_		
					4	City	, FL	1	ip 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. (NC			OTE: Registered	Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN			TORS IN 12	
TITLE	PT		DELETE	1.1 TITLE	:			Chang	e 🔲 Addition	
NAME	ASL a n, suat			1.2 NAME	=					
STREET ADDRESS 6354 HOLLYWOOD ST				1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	PALM BCH GARDENS FL 334	18		1.4 CITY-	ST-Z	ZIP				
TITLE			DELETE	2.1 TITLE				Chang	e Addition	
NAME				2.2 NAME	Ξ		_			
STREET ADDRESS				2.3 STREE	ET A	ADDRESS				
CITY-ST-ZIP				2.4 CITY	ST-Z	ZIP I		•		
TITLE	DELETE			3.1 TITLE	_			Chang	e Addition	
NAME			C	3.2 NAME	:		.			
STREET ADDRESS				3.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP				3.4 CITY-						
TITLE			DELETE	4,1 TITLE	_	=		Chang	e Addition	
NAME			50000	4.2 NAME			L	Chang	C L_J AUGIION	
STREET ADDRESS				4.3 STREE		ADDRESS				
CITY-ST-ZIP				4.4 CITY-						
TITLE			DELETE	5.1 TITLE	_	5H		1 0		
NAME			[_] DELETE	5.2 NAME		1	L	Chang	e Addition	
STREET ADDRESS				5.3 STREE						
CITY-ST-ZIP				5.4 CITY-S		ZIP				
TITLE			L_ DELETE	6.1 TITLE			L.	Chang	e L Addition	
NAME				6.2 NAME						
STREET ADDRESS	DRESS (6.3 S				STREET ADDRESS					
0171/07 710						I				

14. I hereby certify that the information supplied with this filing 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 of 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 of an attachment with/an address.