

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

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K35346** (1)
1. Corporation Name
ASIANTIQUES, INC.



Principal Place of Business 120 E COMSTOCK AVE WINTER PARK FL 32789 US	Mailing Address 120 E COMSTOCK AVE WINTER PARK FL 32789-4308 US
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3. Date Incorporated or Qualified 09/29/1988	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 130 N. Park Avenue Suite, Apt. #, etc. 22	2a. Mailing Address 26 130 N. Park Avenue Suite, Apt. #, etc. 27
City & State 23 Winter Park, FL	City & State 28 Winter Park, FL
Zip 24 32789	Country 25 USA
Zip 29 32789	Country 30 USA

4. FEI Number 59-2916346	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent
**MARKUNAS, PAUL J.
120 E COMSTOCK AVE
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent
**81 Markunas, Paul J.
82 Street Address (P.O. Box Number is Not Acceptable)
130 N. Park Ave.
83
84 City Winter Park FL 85 32789**

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]* (NOTE: Registered Agent signature required when reinstating) DATE **2/12/97**

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	LORIN, OHK SOON (SUSIE)
STREET ADDRESS	936 FAIRWAY DR
CITY-ST-ZIP	WINTER PARK FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LORIN, FRANCOIS BERNARD
STREET ADDRESS	936 FAIRWAY DR
CITY-ST-ZIP	WINTER PARK FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	MARKUNAS, PAUL J.
STREET ADDRESS	354 SYLVAN DR.
CITY-ST-ZIP	WINTER PARK FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	130 N. Park Ave.
1.4 CITY-ST-ZIP	Winter Park, FL 32789
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	130 N. Park Ave.
2.4 CITY-ST-ZIP	Winter Park, FL 32789
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	130 N. Park Ave.
3.4 CITY-ST-ZIP	Winter Park, FL 32789
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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]* REQUIRED DATE **2/12/97** 407 6478 211

CR2E034 (9/96)