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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

MZQZAZ

(6)

OCUMENT# WITOTAT (O)  1. Corporation Name  ORIENTAL ARTS TRADING, INC.									
Principal Place of Business Mailing Address  C/O ALBERT YIU-KWONG WOO  524 QUEENS LOOP, NORTH  LAKELAND FL 33803  Mailing Address  C/O ALBERT YIU-KWONG WOO  524 QUEENS LOOP, NORTH  LAKELAND FL 33803									
LAKELAND FL 33803 LAKELAND FL 33803						3. Date Incorporated or Qualified 05/02/1988 3a. Date of Last Report 03/10/1995			
2. Principal Plac	e of Business	2a. Mailing Address	<u></u>			4. FEI Number 65-0064795		Applied For Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #, etc			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Žip <b>4</b>	Country 25	Z <sub>I</sub> p <b>29</b>	30 Cour	ntry			. □No		
	9. Name and Address of Curre	nt Registered Agent		0.1		10. Name and Address of New F	tegistered	Agent	
WOO, ALBERT YIU-KWONG				81	Name				
	EENS LOOP, NORTH		ſ	82 Street Addr		ess (P.O. Box Number is Not Acceptable)			
	ND FL 33803								
D41201								85 Zip Code	
				84	City	oration submits this statement for the pu	FL	_ !   '	
familiar with SIGNATURE.	i, and accept the obligations of, Sec ignature typed or protect have a chroyeless tage.	tion 607,0505, Florida Statu	ites.			ard of directors. Thereby accept the application of directors and the application of the			
TITLE	DP	DELETE						Charige Addition	
NAME	woo, albert yiu-kwon		1 2 NA	ME					
STREET ADDRESS	524 QUEENS LOOP, NO.		: 3 \$1	KEET	ADDRESS				
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NAME			2 2 NA		LODUIS S				
STREET ADDRESS			2351 24 Ci		ADDRESS				
CITY-ST-ZIP TITLE		CT DELETE	3 1 Ti		11 - ZIF			Change Addition	
NAME		<u></u>	3 2 N4						
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NAME			. 42 W	ME					
STREET ADDRESS			4 3 ST	REEL	ADDRESS				
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NAME			52 N/		ADDRESS				
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CITY-SI-ZIP TITLE		☐ DELETE	6 1 1		, ."			Change Addition	
NAME			6 2 N						
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PITV-ST-7IP			640	TY - S	ST-ZIP				
14. I do hereby certify that oath; that I	the information indicated on this an	nual report or supplemental poration or the receiver or tru	annua, tebout i istee euibowe	STO	ве али ассы	for the exemption stated in Section 11 rate and that my signature shall have th his report as required by Chapter 607, (	e same ieda	ai eneccas ir made ugogi	

SIGNATURE: All y - KWONS, WWO SIGNATURE AND TYPED OR PRINTED NAMED & SIGNING OFFICER OR DIRECTOR

4-30-96 (941)644-3872 Date Dayton Prone 1