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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P92000003434 (7)

FLORIDA ORIENTAL TRADING, INC.

Principal Place of Business Mailing Address

FILED Apr 17 1998 8:00am Secretary of State



1217 EAST COLOMIAL DRIVE Orlando Fl 32803		1217 EAST COLONIAL DE ORLANDO EL 32803	1217 EAST COLONIAL DRIVE ORLANDO FL 32803		DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualified			
					11/10/1992			
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number] [A	pplied For	
21		26		59-3149940	N	ot Applicable		
Sulte, Apt. #, etc.		Suile, Apt. #, etc.	Suile, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional	
22		27			b. Certificate of Status Desired	Fee R	equired	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	May Be	
23	· ·····	28			Trust Fund Contribution	Added	to Fees	
Žip	Country	Zip	Country		8. This corporation owes or has paid the cu			
24	25 29 30			Personal Property Tax due June 30. Yes No				
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent 81 Name			
QUACH, DEBBIE D			6	Name				
	7 E. COLONIAL DR.		82 Street Add		ddress (P.O. Box Number is Not Acceptable)			
ORI	LANDO FL 32803			,				
			6:	<u>'</u>				
			84	City	r.	85 Zip	Code	
44 6	1. Ab (2)	0 007 4000 FI-34- 0 1-14		<u> </u>	FL	•		
office or r	egistered agent, or both, in the State	of Florida. Such change was a	authorized t	by the corpo	corporation submits this statement for the purpose operation's board of directors. I hereby accept the app	f changing f pointment as	ts registered registered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature, typed or protect name of registered agest and their applicable (NOTE: Registered Agest signature required when reinstating) DATE								
12.	Signature, typed or printed name of registered agest and their applicable (NOTE Registere OFFICERS AND DIRECTORS 13.			gont signature re	opulied when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	DIDECTOR	10 10 10	
TITLE	D	DELETE	1.1 TITLE		ADDITIONS/OFFAINGES TO OFFICERS AND	Change	Addition	
NAME			1.2 NAME					
STREET ADDRESS	and account to the analysis of the second			T ADDRESS			[8	
CITY-ST-ZIP	ORLANDO FL 32824	- L	1.4 CHTY-ST-ZIP				[
TITLE	DELETE 2.1			31-11		Change	Addition C	
NAME								
STREET ADDRESS			2.2 NAM 2.3 STRE					
CITY-ST-ZIP			2. 4 CITY - ST - ZIP					
TITLE	DELETE 3.11			51-20		Change	Addition	
NAME			3.2 NAME	1			-	
STREET ADDRESS				T ADDRESS			ļ	
CITY-ST-ZIP			3.4. CITY-				Į,	
TITLE	DELETE 4.1 TI					Change	Addition	
NAME			4. 2 NAMI					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY -	ST-ZIP				
TITLE		DELETE	5.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CiTY-	ST · ZIP				
TITLE			6.1 TITLE			Change	Addition	
NAME			62 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6.4 CITY-	ST - ZIP				

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 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.