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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 08 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000022832 (8)										
TRADITI	Onal Chinese Herbs, in	C.								
Principal Plac	e of Business	Mailing Address	-					1 8 8   18 18 9	10 C(00+19150 4)	14 1191 F897
18260 N.E. 19TH AVENUE		18260 N.E. 19TH AVENUE				'				
BUITE 102 SUITE 102 NORTH MIAMI BEACH FL 33161 NORTH MIAM			)2 Miami Beach Fl 33162-1632							
HAULII MINMI	BENOTITE OUTO	NOTH MINNI DENGT	S GOFFE GOVE			3	Date Incorporated or Qualified 03/24/1993		Date of Last I 1/23/1996	Report
2. Principal P	Place of Business	2a. Mailing Address				7	. FEI Number		A	pplied For
21		26			65-0398195			_ N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6	. Certificate of Status Desired			Additional equired	
City & Stat	е	City & State				6	Election Campaign Financing     Trust Fund Contribution	7		May Bo to Fees
Zip 24	Country 25	7(p	Gouni 30	lry		8	This corporation has fiability for Florida Statutes	.,	le tax under :	s 199.032,
<del></del>	9. Name and Address of Curren			-		10	). Name and Address of New Re			
BRA	NDINO, RICHARD		8	11	Name					
182	60 N.E. 19TH AVENUE TE 102		8	2	Street Addr	Address (P.O. Box Number is Not Acceptable)				
	RTH MIAMI BEACH FL 33162		6	3						
			Ē	14	City			F	<b>85</b> Zip	Code
agent. I a SIGNATURE	to the provisions of Sections 607,050 registered agent, or both, in the State im familiar with, and accept the obligation signature typed or printed name of registered agents.	ations of, Section 607.0505, F	Torida Statul	ies.	the corporat		or re-ns:aling)	DAII		
12.	OFFICERS AND DIRECTORS  DELETE:		13.	_			ADDITIONS/CHANGES TO OFFICE	ERS AN		
TITLE	BRANDINO, RICHARD		1.1 1011						Change	L_ Addition
NAME	18260 NE 19TH AVE #102		1.2 NAM		ET ADORESS					
STREET ADDRESS	N MIAMI BEACH FL		1							
CITY-ST-ZIP TITLE	11 MIPONI OCNOTTE	DELETE		1.4 CITY-ST-ZIP 2 1 TITLE				~	T Change	Addition
NAME			22 NAM						U Orkingo	
STREET ADDRESS			l l		ADDRESS		•			
CITY-ST-ZIP			2.4011				•			
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CITY-ST-ZIP			34.001		T - ZfF'		774		<b>—1</b> 767	· <b>[]</b> []
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NAME			4. 2 NAN		2020441		•			
STREET ADDRESS			1		ADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.4 C(1)Y		1 - ZIF				Change	Addition
NAME		La occit	5.7 HAM							. 100.000
STREET ADDRESS					ADDRESS		the second second			
CITY-ST-ZIP			5.4 Dri Y		Į.					
TITLE		☐ DELETE	6.1 Till		-"-				Change	Addition
NAME			6.2 NAM	E.						
STREET ADDRESS			6.3 \$TRE	ET A	ADDRESS					
Alby by NB			E 4 AITM				•			

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 earth; 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 addition.