## 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

POCUMENT # P93000022832 (8)

TRADITIONAL CHINESE HERBS, INC.

FILED
Apr 15 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address									
18260 N.E. 19TH AVENUE SUITE 102 NORTH MIAMI BEACH FL 33161		18260 N.E. 19TH AVENUE Suite 102 North Miami Beach Fl 33161			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  03/24/1993				
2. Principa! Place of Business		2a. Mailing Address			4. FEI Number	Applied For			
21		26			65-0398195	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			I h. Certificate of Status Desired I I I	8.75 Additional Fee Required			
City & State		City & State				5.00 May Be Added to Fees			
24	Zip Country 25	Zip 29 :	Countr	y	8. This corporation owes or has paid the current Personal Property Tax due June 30.	,			
	9. Name and Address of Current	t Registered Agent			<ol><li>Name and Address of New Registered Agen</li></ol>	ıt			
BRANDINO, RICHARD			81	Name					
	18260 N.E. 19TH AVENUE Suite 102			Street Ad	Idress (P.O. Box Number is Not Acceptable)				
NORTH MIAMI BEACH FL 33162			83						
			84	City	FL  85	Zip Code			
11	Pursuant to the provisions of Sections 607.0503     office or registered agent, or both, in the State     agent. I am lamiliar with, and accept the obliga	of Florida. Such change was au	uthorized b	y the corpor	orporation submits this statement for the purpose of char ration's board of directors. I hereby accept the appointn	nging its registered nent as registered			

agent. I am lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
SIGNATURE Storature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE												
12.	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFI		S IN 12						
TITLE	PSD	☐ DELETE	1.1 TITLE		Change	Addition						
NAME	BRANDINO, RICHARD		1.2 NAME									
STREET ADDRESS	18260 NE 19TH AVE #102		1.3 STREET ADDRESS									
CITY-ST-ZIP	N MIAMI BEACH FL		1.4 CITY - ST - ZIP									
TITLE		DELETE	2.1 TITLE		Change	Addition						
NAME			2.2 NAME									
STREET ADDRESS			2.3 STREET ADDRESS									
CITY-ST-ZIP			2. 4 CITY-ST-ZIP									
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition						
NAME			3.2 NAME									
STREET ADDRESS			3.3 STREET ADDRESS									
CITY-ST-ZIP			3.4. CITY-ST-ZIP									
TITLE		DELETE	4.1 TITLE		Change	Addition						
NAME			4. 2 NAME									
STREET ADDRESS			4.3 STREET ADDRESS		•							
CITY-ST-ZIP			4.4 CITY-ST-ZIP									
TITLE		DELETE	5.1 TITLE		Change	Addition						
NAME			5.2 NAME									
STREET ADDRESS			5.3 STREET ADDRESS									
CITY-\$1-2IP			5.4 CITY-ST-ZIP	<u></u>								
TITLE		DELETE	6.1 TITLE		☐ Change	☐ Addition						
NAME			6.2 NAME									
STREET ADORESS			6.3 STREET ADDRESS									
CITY OF TIE			64 CITY ST. 7ID									

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.

ICHATURE IN Ruhand Browlin

A 10 10A (206) 040-65K