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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000052389 (2)

M.L. INTERNATIONAL TRADING INC., CO.

Mailing Address

4100 OLAROONA-OCOEE ROAD ORLANDO FL 32810

Principal Place of Business

4100 CLARCONA-OCOEE ROAD

## FILED May 06 1997 8:00am Secretary of State



27 City & State City & State  City & State  28  Zip Country 25  29  29  30  Country 21  28  Zip Country 25  28  30  Sun, KO-CHEN  7768 COMPASS DRIVE ORLANDO FL 32810  27  27  City & State City & State  City & State  City & State  City & State  City & State  City & State  City & State  City & State  City & State  City & State  City & State  City & State  City & State  City & State  City & State  City & State  City & State  City & State  City & State  Country  Add  Country  8. This corporation has liability for intangible tax under Florida Statutes  Fect  Fect  Fect  Fect  Fect  City & State  City & State  Country  Add  Florida Statutes  Yes I No  Name and Address of New Registered Agent  SUN, KO-CHEN  7768 COMPASS DRIVE  ORLANDO FL 32810  81  Street Address (P.O. Box Number is Not Acceptable)  83	Applied For Not Applicable 75 Additional Description Name of the Applied For A
25 Suite, Apt. #, etc. Suite, Apt. #, etc.  City & State City & State  City & State  Country  Zip Country  Zip  Country  B. This corporation has liability for intangible tax under Florida Statutes Florida Statutes  SUN, KO-CHEN  7768 COMPASS DRIVE ORLANDO FL 32810  City & State Country Country B. This corporation has liability for intangible tax under Florida Statutes Country SUN, KO-CHEN  7768 COMPASS DRIVE ORLANDO FL 32810  City  Tup Country B. This corporation has liability for intangible tax under Florida Statutes Country B. Name and Address of New Registered Agent  SUN, KO-CHEN  7768 COMPASS DRIVE ORLANDO FL 32810  81  City FL  82  Street Address (P.O. Box Number is Not Acceptable)  83  City FL  85  City FL  86  City FL  86  City FL  87  City FL  88  City FL  86  City FL  86  City FL  87  City FL  88  City FL  86  City FL  86  City FL  86  City FL  86  City FL  87  City FL  86  City FL  87  City FL  88  City FL  C	Not Applicable  5 Additional 5 Required  00 May Be led to Fees
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired	75 Additional o Required 00 May Be led to Fees
27   5. Certificate of Status Desired   Fet	ORequired OO May Be led to Fees
City & State  Trust Fund Contribution  Add  Add  Country  Sunt Fund Contribution  Add  Country  Sunt Florida Statutes  City  FL  Sunt Florida Statutes  City  Country  Country  Sunt Florida Statutes  City  Ci	00 May Be led to Fees
Trust Fund Contribution Add  Zip Country 7	led to Fees
Zip Country Zip Country 30 S. This corporation has liability for intangible tax under Florida Statutes Yes No.  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  SUN, KO-CHEN 7788 COMPASS DRIVE ORLANDO FL 32810  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 84 City FL 85 75 85 75 86	er s. 199.032,
9, Name and Address of Current Registered Agent  SUN, KO-CHEN 7788 COMPASS DRIVE ORLANDO FL 32810  82 Street Address (P.O. Box Number is Not Acceptable) 83  84 City  FL 85  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 change 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 appointmen	
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office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment	
SIGNATURE	l as registered
Signature, 1970d or printed name: of registered agent and lide if applicable (NOTE: Registered Agent signature required when re-relating) DATE  12. OF FICE RS AND DITECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 12
TITLE P DELETE 11 TITLE CHARGE TO CH	
NAME SUN, KO-CHEN 12 NAME	, <u> </u>
STREET ADDRESS 7768 COMPASS DR 1.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32810 1.4 CITY-ST-ZIP	
TITLE V DELETE 2.1 TITLE Char	nge Addition
NAME SUN, CHUN-WU 22 NAME	
STREET ADDRESS 7768 COMAPSS DR 2.3 STREET ADDRESS	
ORLANDO FL 32810 2.4 CITY-ST-ZIP	
TITLE D DELETE 3.1 TITLE Char	nge 🔲 Addilion
NAME SUN, CHUN-WEI 32 NAME	
STREET ADDRESS 5584 ELIZABETH ROSE SQ 33 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32810 34 CITY-ST-ZIP	
TITLE D DELETE 4.1 TALE Char	nge 🔲 Addition
NAME - SUN, CHUN-PO 4.2 NAME	
STREET ADDRESS 4058 MALLARD POINT COURT 4.3 STRIET ADDRESS	
CITY-ST-ZIP	
TITLE DELETE 5: TITLE Char	nge 🔲 Addition
NAME 52 NAME	
STREET ADDRESS 53 STREET ADDRESS 53 STREET ADDRESS	
CITY-ST-ZIP 54 CITY-ST-ZIP	
TITLE DELETE 6+TITLE Chai	
NAME 62 NAME	nge 🔲 Addition
STREET ADDRESS 6.3 STREET ADDRESS	nge 🔲 Addition
CITY-ST-ZIP 64 CITY-ST-ZIP	nge 🔲 Addilion

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.