## 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

P93000059263 (2)

**DOCUMENT #** 1. Corporation Name

GOLDEN MOUNTAIN TRADING CO.					
Principal Place of Business Mulling Address				1 10811081 110 18140 1010 88101 08111 0	YNEST NOTER ORIGINE TO THE STORY DATE OF THE SOUR
3708 E. GRANT STREET 3708 E. GRANT STREE ORLANDO FL 32812 ORLANDO FL 32812					
				3. Date Incorporated or Qualified 3. 08/19/1993	3a. Date of Last Report 07/27/1995
2. Principal Pla	ice of Business	2a. Mæling Address 26		4. FEI Number 59-3198572	Applied For Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired [	\$8.75 Additional Fee Required
City & State		Oty & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζφ <b>29</b>	Gountry 30	8. This corporation has liability or inta Florida Statutes Yes [	angible tax under s. 199.032, □ No
	9. Name and Address of Cur	rrent Registered Agent		10. Name and Address of New Reg	istered Agent
			81 Name		
WONG, PETER K 3708 E. GRANT STREET			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
					<u></u>
ORLAN	DO FL 32812		83		
			84 City		FL 85 Zip Code
or registern familiar wit SIGNATURE  12.  11TLE NAME	h, and accept the obligations of S Sgratue, typet or protection of the pelmod	Section 607.0505, Florida Statute	13. 1.1 THEF	and of directors. Thereby accept the appoint	Dált
STREET ADDRESS CITY - ST - ZIP	3708 E. GRANT STREET ORLANDO FL 3 2 8		1.3 STREET ADDRESS		
TITLE  NAME  STREET ADDRESS  CITY: ST-ZIP		☐ OELETE	2 1 TILE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	V.Y XIao M. Li 3708 E. Grant St Orlando, Fl. 328	☐ Crange ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CHV - S1 - ZIP		Change Addition
TITLE NAME STREET ADDRESS		☐ DELE1E	4 1 TITLE 42 NAME 43 S'REET ADDRESS 44 CITY-SI-ZIP		Change Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		DELETE	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP	50000179 -04/29/960106 ***200.00	Change Addition
TIPLE		DELETE	6 1 YTLE		Change Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		£3,

14. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 disposation or the repower or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if chapter, or or matter the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this 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 disposation of the control of

64 CITY - ST - ZiP

SIGNATURE

CITY - ST - ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR K. Worn 3/2/96 (407) 894-4972