

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

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Apr 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000028488 (2)**

1. Corporation Name

**W.H.Y. INTERNATIONAL, INC.**

(dba: Oriental Treasures)

Principal Place of Business  
**8911 S.W. 20TH PLACE, #D  
FORT LAUDERDALE FL 33324**

Mailing Address  
**8911 S.W. 20TH PLACE, #D  
FORT LAUDERDALE FL 33324-6800**



3. Date Incorporated or Qualified **04/11/1994** 3a. Date of Last Report **06/03/1996**

2. Principal Place of Business 21 <b>1416 SE 17th ST</b> Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	4. FEI Number <b>65-0484407</b>	Applied For Not Applicable
22 City & State <b>Fort Lauderdale, Fla</b>	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip <b>33316</b>	28 Country <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	25	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WANG, JENNIFER W.  
8911 SW 20TH PL. #D  
FORT LAUDERDALE FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1416 SE 17th ST</b>
83	
84 City	<b>Fort Lauderdale</b>
85 Zip Code	<b>FL 33316</b>

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 changing its registered 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D, Pres</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WANG, JENNIFER W</b>	1.2 NAME	
STREET ADDRESS	<b>8911 S.W. 20TH PLACE, #D</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33324</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D, Treas</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YU, SHENGYING</b>	2.2 NAME	
STREET ADDRESS	<b>10500 BISCAYNE BLVD., #20</b>	2.3 STREET ADDRESS	<b>2305 E. Las Olas Blvd.</b>
CITY-ST-ZIP	<b>MIAMI SHORES FL 33138</b>	2.4 CITY-ST-ZIP	<b>Fort Laud., FL 33301</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>D, V.P.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>ALEXANDER SONG</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>2305 E. Las Olas Blvd.</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Fort Lauderdale, FL 33301</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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.

SIGNATURE: \_\_\_\_\_ DATE: **3/25/97** DAYTIME PHONE: **954-467-3300**

CR2E034 (9/96)