

**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 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**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**

21	21a	26	26a	4.	Applied For
Principal Place of Business	Mailing Address	FEI Number	Applied For	5.	Not Applicable
<b>1416 SE 17th ST</b>		<b>65-0484407</b>		Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.			<input type="checkbox"/>	
22	27	23	28	6.	<b>\$5.00 May Be Added to Fees</b>
City & State	City & State	Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
<b>Ft Lauderdale, Fla</b>				7.	<b>This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b>
Zip	Country	Zip	Country	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>33316</b>	<b>USA</b>				

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>WANG, JENNIFER W. 8911 SW 20TH PL. #D FORT LAUDERDALE FL 33324</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	<b>1416 SE 17th ST</b>
		83	
		84 City	<b>Ft Lauderdale</b>
		85 State	<b>FL</b>
		86 Zip Code	<b>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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D WANG, JENNIFER W</b>	1.2 NAME	<b>D, Pres</b>
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	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D YU, SHENGYING</b>	2.2 NAME	<b>D, Treas</b>
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>Ft. Laud., FL 33301</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b><del>D, V.P.</del></b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>ALEXANDER SONG</b>
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<b>2305 E. Las Olas Blvd.</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	<b>100002135731</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-04/08/97--01012--011</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>***165.00</b>

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)