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

FILED
Feb 24 1997 8:00am
Secretary of State

DOCUMENT # P94000054900 (3)

1. Corporation Name

GLORY DESIGN ORIENTAL FURNITURE CORPORATION

Principal Place of Business	Mailing Address
4334 NE 5TH AVENUE OAKLAND PARK FL 33334 US	4334 NE 5TH AVENUE OAKLAND PARK FL 33334-3104 US

3. Date Incorporated or Qualified	3a. Date of Last Report
07/25/1994	05/01/1996

2. Principal Place of Business	2a. Mailing Address
21	26

4. FEI Number	
65-0509317	Applied For / Not Applicable

Suite, Apt #, etc. — 22 / 27

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

City & State — 23 / 28

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

Zip 24 / Country 25 / Zip 29 / Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHAN, JOHN S KWAN
4334 NE 5TH AVENUE
OAKLAND PARK FL 33334

10. Name and Address of New Registered Agent

81 Name: *CHAN, YAM S*
82 Street Address (P.O. Box Number is Not Acceptable): *4334 NE 5TH Avenue*
83
84 City: *OAKLAND PARK* **FL** 85 Zip Code: *33334*

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: *2-19-97*

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	**DV**	☒ DELETE	1.1 TITLE
NAME	**CHAN, JOHN S**		1.2 NAME
STREET ADDRESS	**4334 NE 5TH AVENUE**		1.3 STREET ADDRESS
CITY-ST-ZIP	**OAKLAND PARK FL**		1.4 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE	**DP**	☐ DELETE	2.1 TITLE
NAME	**CHAN, YAM S**		2.2 NAME
STREET ADDRESS	**4334 NE 5TH AVENUE**		2.3 STREET ADDRESS
CITY-ST-ZIP	**OAKLAND PARK FL**		2.4 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE *SD*
NAME			3.2 NAME *CHAN, SUETTO BELINDA*
STREET ADDRESS			3.3 STREET ADDRESS *4334 NE 5TH AVE*
CITY-ST-ZIP			3.4 CITY-ST-ZIP *OAKLAND PARK, FL* — ☐ Change ☒ Addition
TITLE		☐ DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP — ☐ Change ☐ Addition

CR2E034 (9/96)

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: _____ *YAM S. CHAN* *2-19-97* *954-561-0600*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #