FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #**

P94000076007 (1)

THE WORLD OF SILK & ASIAN IMPORTS COMPANY

Principal Place of Business 832 DODECANESE BLVD., UNIT T-11 Mailing Address

832 DODECANESE BLVD., UNIT T-11



TARPON SPRINGS FL 34689		TARPON SPRINGS FL 34689						
			· · · · · · · · · · · · · · · · · ·		3. Date Incorporated or Qualfied 10/17/1994	3a. Date 0	of Last I	
·	2. Principal Place of Business 2a. Mailing Address				4. FEI Number			Applied For
		26			59-3273797			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	28				Election Campaign Financing Trust Fund Contribution	S \$5.00 May Be Added to Fees		•
Ζφ 24	Country 25	Ζιρ 29	Count 30	ſУ	8. This corporation has liability for in Florida Statutes 🔣 Yes	intangible tax □ No	under s	s 199.032,
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New R	egistered A	gent	
			8	1 Name				
AMERILAWYER			82 Street Ad		fress (P.O. Box Number is Not Acceptab	le)		
	MERIA AVENUE			<u>.</u>				
CORAL	GABLES FL 33134		8	3				
			8	4. City		FL	85 Z	ip Code
Or registers	but agent, or both, in the state of Flori h, and accept the obligations of, Sect a	dai Sdon change was authon; Lon 607.0505, Fiorida Statute:	zed by the cor s	poration's boa	oration submits this statement for the pur and of directors. Thereby accept the appo	ointment as n	egistere	d agent. I am
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		DIRECTO	ORS IN 12
TIFLE	P	DELETE	1 1 TITLE				Change	
NAME	BRIDGES, LARRY D JR.		1.2 NAME					
STREET ADDRESS	832 DODECANESE BLVD., U		13S1H(1 AUDRESS				
CITY - ST - ZIP			14 City St ZiP					
TITLE		☐ DELETE	2 1 TITLE	•			Change	Addition
NAME			2 2 NAME					
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP TITLE		DELETE	24 CITY					
NAME			3 1 7 1 1 5			Ц	Change	Addition
STREET ADDRESS			3.2 NAME	ET ADDRESS				
CITY-ST-ZIP			3 4 CITY	1				
TITLE		DELETE	4 1 THE				Change	Addition
NAME		_	4.2 NAME				D larige	
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY - ST - ZIP			4.4 CITY-					
Title		☐ DELET€	5 1 Tilluf		A.A.		Change	Addition
NAME			5.2 NAME			_		
STREET ADDRESS			5.3 S1HEE	T ADDRESS				
CITY+ST-ZIP			5 4 CITY -	Si ZiP				
TITLE		☐ DELFTE	6 1 10118				Change	ne bbbA
NAME			6.2 NAME					
STREET ADDRESS			63 STRES	LADDRESS				İ
C-TY - ST - Z-P			6.4 C(T) -	ST-ZIP				
14. I do hereby	certify that the information supplied	with this filing is voluntarily for	nished and do	es not qualify	for the exemption stated in Section 119.0	27(3)(k) Elorio	la Statu	ites I further

certly that the information indicated on this annual report of 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 131 changed, or or any filt-chirucet with an address.

x4-17-96

Daylon, Profes