## 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

P94000082426 (5)

1. Corporation		000082426 (	5)			
GENE	RAL INTERNATIONAL TI	RADE, INC.		A NORMAGO I NO NOME BURNE BRANK AU	III BAKI BAKA IBKA IBKA ABKA BIDYA MBID BIKI IBBA	
Principal Place of Business		Mailing Address	Mailing Address			
20630 HIGHLAND LAKES BLVD. N. MIAMI BEACH FL 33179		20630 HIGHLAND LAKES BLVD. N. MIAMI BEACH FL 33179				
				3. Date Incorporated or Qualified 11/08/1994	3a. Date of Last Report	
		2a. Mailing Address		4. FEI Number	05/01/1995 Applied For	
21 26 Suite, Apt. #, etc. Suit		· · · · · · · · · · · · · · · · · · ·		65-0557982	Not Applicable	
22 27		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State		6. Election Campaign Financing	Fee Required	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zφ	Country	8. This corporation has Fability for	intangible tax under s. 199.032,	
24	9. Name and Address of Cur	29	30		No No	
	3, 144110 8110 ACCIDS 01 CUI	rent negistered Agent	81 Name	10. Name and Address of New F	Registered Agent	
MENG	IOU					
MENG, LOU 20630 HIGHLAND LAKES BLVD.			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)		
	II BEACH FL 33179		83			
			84 Oity		<u> </u>	
			1-1/	ation submits this statement for the pur	FL 85 Zip Code	
SIGNATURE s	Sprature, byted or proced came of its jedered a OFFICERS	gridas trodagas en en AND DIRECTORS	OB Šegico nai Agrid samatan realis.	ADDITIONS/CHANGES TO OFF	DATE  DEERS AND DIDECTIONS IN 19	
TIFLE	D	☐ DELFTE	1. 1 1/1, £		Change Addition	
NAME	MENG, LOU		1.2 NAME			
STREET ADDRESS	20630 HIGHLAND LAKES		13 STHEET ADDRESS			
CITY-ST-ZIP TITLE	N. MIAMI BEACH FL 3317 D	<b>(9</b> ☐ DELETE	2.1 Table			
NAME	LIN, LIN		2.2 NAME		Change Addition	
STREET ADDRESS	20630 HIGHLAND LAKES	BLVD.	2 3 STRELT ADORESS			
CITY - S1 - ZIP	N. MIAMI BEACH FL 3317		2 4 CITY - \$1 - ZIP			
TITLE		[] DELETE	3 1 [1].{		Change 🔲 Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZP TITLE		DELF IE	3.4 C(TY - ST   Z(P)			
NAME			4 2 NAME		Change Addition	
STREET ADDRESS			4 3 STREET ADDRESS			
CITY-SI-ZIP			4.4 CiTy - ST - ZiP			
DTLE	. —	DELETE	5 1 THLF		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS CITY-ST ZIP			5.3 STREET ADDRESS			
TITLE		□ DELETE	5.4 Cily - \$1 - 2iP			
NAME		[ Dittie	6 2 NAME		Change Addition	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST - ZIP			6.4 CHV+S1-7/P			
14. I do hereby certify that the oath; that I a appears in F	cert fy that the information supplie he information indicated on this ar am an officer or director of the firm Block 12 or Block 13 if changar, c	d with this filing is voluntarily fur inual report or supplemental and poration or the receiver or truste or on an attachment with an add		r the exemption stated in Section 119.6 e and that my signature shall have the report as required by Chapter 607, Fic	07(3)(k), Florida Statutes, I further same legal effect as if made under vrida Statutes, and that my name	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-243-5629