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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000089347 (6)**

1. Corporation Name

ORIENT DRAGON, INC.



Principal Place of Business

**15906 WEST STATE RD. 84
SUNRISE FL 33326**

Mailing Address

**15906 WEST STATE RD. 84
SUNRISE FL 33326**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

**YEUNG, KAM F
15936 W. STATE RD. 84
SUNRISE FL 33326**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.07(2)(b) and 607.15(4)(b), 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 607.07(4)(b), Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Agent for Change of Registered Office)

(Signature of Agent for Change of Registered Office)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	YEUNG, KAM F	
STREET ADDRESS	15936 W. STATE RD. 84	
CITY-STATE-ZIP	SUNRISE FL 33326	
TITLE	VP	☐ DELETE
NAME	YEUNG, KAM Y	
STREET ADDRESS	15936 W. STATE ROAD 84	
CITY-STATE-ZIP	SUNRISE FL	
TITLE	S	☐ DELETE
NAME	YEUNG, KAM H	
STREET ADDRESS	15936 W. STATE ROAD 84	
CITY-STATE-ZIP	SUNRISE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.07(5)(k), Florida Statutes. I further certify that the information included on this annual report or supplementary 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: *Kam F. Yeung*

Kam F. Yeung

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 11, 96

(954) 349-9600

Daytime Phone #

CR2E034 (12/95)