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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1	1996		DIVISION OF	CORPOR		NS				
DOCUN 1. Corporation	MENT # P950	000007	705 (3	3)						
, ,	INTERNATIONAL, INC.									
Principal Place of	of Business	Mailing A	Address				· 1001/00E ILB 1010/010/11 601/1	OBINI DUNK DI	IKIN BUDIA MURUF IN	ON OCHON BANKARA
5619 NORM	AN H. CUSTON DRIVE	5619	NORMAN H. CL	ISTON DE	HVF		İ			
ORLANDO F			ANDO FL 32821	301014 01						
							3. Date Incorporated or Qualifier 01/25/1995	3a. C	ate of Last Re	eport
2. Principal Plac	ce of Business	2a. Mai'ii	ng Address				4. FEI Number		,	Applied For
21		26					59-329389X			Not Applicable
Suite, Apt. #	, etc.	27 Suite	Suite, Apt. #. etc.				5. Certificate of Status Desired			Additional Required
City & State		Oty -	& State				Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
Zip	Country	Zφ			intry		8. This corporation has liability f			199.032,
24	25	[29]		30	- ₁			es 🔲 No		
	9. Name and Address of Cur	rent Registered	Agent		81	Name	10. Name and Address of Nev	Hegister	ad Agent	
PAO CI	LIANI METULE									
BAO CHAN, WEIZHE 5619 NORMAN H. CUSTON DRIVE					82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
	DO FL 32821				83					
Onear	DO I L OLOLI				84					. O. d.
					84	City		F	85 Zip	n Code
or registere	ed agent, or both, in the State of F n, and accept the obligations of, S signation by energinal chand of rejetimed a	londa: Such chan Section 607.0505, 	ige was authoriz Florida Statutes	ed by the	corp	oration's boa	ration submits this statement for the ind of directors. Thereby accept the a	opointment DATI	as registered	agent. Lam
12.		AND DIRECTORS		13.			ADDITIONS/CHANGES TO C	FFICERS A		
TITLE	D		DELETE	4	III.E				☐ Change	Addit on
NAME	BAO CHAN, WEIZHE	ON DDRAF			IAME					
STREET ADDRESS	5619 NORMAN H. CUST	ON DRIVE				ADDRESS.				
CITY-ST-ZIP TITLE	ORLANDO FL 32821		DELETE		JIIY - S THILE	I - ZIP			Change	☐ Addition
NAME					IAME.					
STREET ADDRESS						ADORESS				
CITY-ST-ZIP					OITY-S	ļ				
TITLE			☐ D£L€ IF	3. 1	TIFLE				Change	Ado-tion
NAME				- 1	AME	İ				
STREET ADDRESS				1		ADDRESS				
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TITLE NAME:			☐ DELETE		TITLE				Change	Addition
NAME STREET ADDRESS					vAM ? Steffet	ADDRESS				
CITY - ST - ZIP					01Y-S					
TITLE			☐ DELE1E		T TLE		and the contract of the contra		☐ Change	Addition
NAME					NAME					
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GiTY+ST+ZIP				541	:TY-S	T-ZiP				
TITLE			DELETE	6 1	TTLE				Change	Addition Addition
NAME					NAME					
STREET ADDRESS				63	STREET	ADDRESS				

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 119.07(3)(k). 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 12 if changed, or on a cartachment with an address.

SIGNATURE:

SIGNATURE AND WEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96 (407)84/-0192