

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 24 1998 8:00am
Secretary of State



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

PROFIT CORPORATION
 ANNUAL REPORT
1998

DOCUMENT # P95000035528 (5)
 1. Corporation Name
OANH, INC.



Principal Place of Business
**5680 WASHINGTON ST
 HOLLYWOOD FL 33023
 US**

Mailing Address
**5680 WASHINGTON ST
 HOLLYWOOD FL 33023
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **SAME Above**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **SAME Above**
 Suite, Apt. #, etc.

22 City & State
 23 City & State

24 Zip Country
 25 Country
 29 Zip Country
 30 Country

3. Date Incorporated or Qualified
05/05/1995

4. FEI Number
65-0579815 Applied For
 Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**BLOOMGARDEN, PAUL M
 8551 W SUNRISE BLVD
 SUITE 100A
 FT LAUDERDALE FL 33322**

10. Name and Address of New Registered Agent

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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	D NGUYEN, HINH D 4400 NW 6TH AVE POMPANO BEACH FL 33064	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D NGUYEN, OANH 4400 NW 6TH AVE POMPANO BEACH FL 33064	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

000002500470
 -04/27/98--01008--027
 ***150.00

14. I 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: _____ **4/16/98 (954)981-788**

CR2E034 (10/97)