

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000036942 (7)

1. Corporation Name

AMERICAN ORIENTAL TRADING, INC.



Principal Place of Business

Mailing Address

18200 N.W. 27 AVE.  
MIAMI FL 33056

18200 N.W. 27 AVE.  
MIAMI FL 33056

3. Date Incorporated or Qualified

05/10/1995

3a. Date of Last Report

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

4. FEI Number

65-0579104

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name

JON LAING

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

18200 N.W. 27TH AVE.

83

84 City

MIAMI

FL

85 Zip Code

33056

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 for 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

Signature typed or printed (annotated registered agent and title if applicable)

JON LAING

(NOTE: Registered Agent signature required when reinstating)

8-16-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME OH, KWAN S  
STREET ADDRESS 18200 N.W. 27 AVE.  
CITY-ST-ZIP MIAMI FL 33056

TITLE VS  
NAME LAING, JOHN  
STREET ADDRESS 18200 N.W. 27 AVE.  
CITY-ST-ZIP MIAMI FL 33056

TITLE D  
NAME OH, DUK S  
STREET ADDRESS 18200 N.W. 27 AVE.  
CITY-ST-ZIP MIAMI FL 33056

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE DVS  
22 NAME LAING, JON  
23 STREET ADDRESS 18200 N.W. 27 AVENUE  
24 CITY-ST-ZIP MIAMI, FLA. 33056

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE 300001927683  
52 NAME -08/20/96--01169--024  
53 STREET ADDRESS \*\*\*225.00  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-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 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 no legal effect as 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 of this report, or on an attachment with an address.

SIGNATURE:

JON LAING-VP

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day Phone #

CR2E034 (3/96)