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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000036942 (7)

AMERICAN ORIENTAL TRADING, INC.

Principal Place of Business

18200 N.W. 27 AVE. MIAMI EL 39068 Mailing Address

18200 N.W. 27 AVE. MIAMI FL 33058-3549

## FILED May 16 1997 8:00am Secretary of State



MIAMI FL 33056		MIAMI FL 33058-3545									
							3. Date Incorporated or Qualified 05/10/1995		te of La	st Repor	1
	Place of Business	2a. Mailing Address		•	**	4	I. FEI Number	J		Applie	d For
21		26					65-0579104			Not Ap	plicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				6	6. Certificate of Status Desired			<b>75</b> Addil e Requir	
City & State	θ	City & State				6	Election Campaign Financing     Trust Fund Contribution			00 May	
Zip	Country	Zip	Cou	ntry	'	8	3. This corporation has liability for i	intangible			
24	25	29	30			<u>i</u>		Yes [		~~~	
	g, Name and Address of Currer	t Registered Agent		81	Name	10	). Name and Address of New Re	gistered A	gent		
	IG, JON		:	51	Name						
	DO N.W. 27TH AVE.			82	Street	Address (	(P.O. Box Number is Not Acceptab	ile)			***********
MIAN	VII FL 33056			63				· · · · · ·			
1				0.5							
-				84	City		TO THE STATE OF TH	FI	85	Zip Code	>
11. Pursuant i	to the provisions of Sections 607.050	2 and 607,1508, Florida Statut	es, the al	ביים	e-named	corporati	on submits this statement for the o		changir	na ils rec	haralair
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligi	of Florida. Such change was a ations of, Section 607.0505, Flo	authoriże orida Stat	t by	the corp s.	oration's	board of directors. I hereby accept	ot the appo	intmen	l as regi	stered
SIGNATURE	Signature, typed or printed name of registered ago	rot and title if applicable (NO?	t Registered	Age	nt signature	required who	on reinstaling]	DATE			
12.	OFFICERS AN		13.				ADDITIONS/CHANGES TO OFFICE	ERS AND	DIREC	TORS IN	12
TITLE	PD	☐ DELETE	1 1 10	Lŧ	Ī				Char		Addition
NAME	OH, KWAN S		1.2 N/	ME							
STREET ADDRESS	18200 N.W. 27 AVE.		1.3 ST	reet	ADDRESS						
CITY-ST-ZIP	MIAMI FL 33058	Deceme	1.4 CI		T - 7(P						
TITLE	DV8 Laing, John	☐ DELFTE	21 TII						Char	ige [	Addilion
NAME STORES ADDRESS	18200 N.W. 27 AVE.		2.2 NA								
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33058				ADDRESS						
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NAME	OH, DUK S		3.2 NA							'9º L_	, riodition
STREET ADDRESS	18200 N.W. 27 AVE.				ADDRESS						
CITY-ST-ZIP	MIAMI FL 33058	·	3.4.C		I						
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NAME			4. ½ N	ME.							
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CITY-ST-ZIP			4.4 CI	Y-\$	T-ZIP			<b>.</b>			
TITLE		☐ DELETE	5.1 10						Char	ige 🗌	Addition
NAME			5 2 NA								
STREET ADDRESS					ADDRESS						
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TITLE		☐ DELETE	61 TIT					+	Chan	ge []	Addition
NAME PTOTET ADDOCCO			6.2 NA								
STREET ADDRESS					ADDRESS						
Taty St. 7IP			■ c x \(\text{\tin}\text{\tex{\tex	V C	1 31D						

14. I do 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 of 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 an antiachment with an address.