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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthan Secretary of State

DIVISION OF CORPORATIONS

1996

P95000055503 (3) **DOCUMENT #** 

4 & L TRADING, INC.

NIC 2-16-96 HUMAN ENTERPRISES, INC 50



Principal Place of Business		Mailing Address	Mailing Address		i canisani sia incia diris dalit daist basit abidi ditai ditai ditai ditti datat iliti 100!	
7505 FENWICK COVE ORLANDO FL 32819		7505 FENWICK COVE ORLANDO FL 32818				
				3. Date incorporated or Qualified 07/17/1995	3a. Date of Last Report	
	lace of Business	2a. Mailing Address	v .	4. FEI Number	Applied For	
21		26 327 Sterlin	of hose ct	59-3327/62	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	U	5. Certificate of Status Desired	\$8.75 Additional	
City & State	Α	City & State		A First Co.	Fee Required	
23		28 Apropla Z	1 20.704	Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees	
Zφ	Country	Zip	Country	8. This corporation has liability for		
24	25	29	30		□No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New F	legistered Agent	
8748 \	, Christine Mittenwood Cove NDO FL 32836		<b>82</b> Street Addr	and Chertess (P.O. Box Number is Not Acceptate Forting Rose Cf	ole)	
			84 City	PKG TL 32704	FL 85 Zip Code	
or register	red agreet, or both, in the State of Flori ith, and tocept the obligations of, Sec	ida. Such change was authorized tion 607.0505. Jiorida Statutes.	by the corporation's boar	ution submits this statement for the pur d of directors. I hereby accept the app	ointment as régistered agent. I am	
12.		ID DIRECTORS	Registered Agent signature require:	ADDITIONS/CHANGES TO OFF	DATE	
TITLE		DELETE	1. 1 TITLE	ADDITIONS/OHANGES TO OFF	Change Addition	
NAME	President		1.2 NAME			
STREET ADDRESS	YEE KWONG SO		1.3 STREET ADDRESS			
CHTY-ST-ZIP	327 STERLING ROSE (	丌 HPOPY FL 32703	1.4 CHY-ST-ZIP			
TITLE	secretary.	DELETE	2 1 TITLE		Change Addition	
NAME	Joney Chu Fong Chen	9	22 NAME	A.		
STHEET ADDRESS			23 STREET ADDRESS		.	
CITY-ST-7/P	327 STEPLING ROSE CT	MYOPH 12 32-103	2.4 CITY-ST-ZIP			
TITLE	1	☐ DELETE	3 1 TITLE		Change Addition	
NAME	1		3.2 NAME 1			
STREET ADORESS			3 3. STREET ADDRESS			
CITY+ST+ZIF TITLE		DELETE	3.4 CiTY - ST - 7IP 4. 1 THILE		Change Addition	
NAME		L Ditter	4.2 NAME	90000183		
STREET ADORESS			4.3 STREET ADDRESS	90000183 -05/22/96011	10055	
CITY-ST-ZIP			4.4 CITY - ST-ZIP	***200.00		
TITLE		☐ DELETE	5. 1 TITLE		Change Addition	
NAME			5.2 NAME		E Monton	
STREET ADDRESS			5.3 STREET ADDRESS			
DiTY-ST-ZIP			5.4 CHY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE		DELETE	6. 1 HILE		Change Addition	
NAME			6.2 NAME		7.11	
STREET ADDRESS			6.3 STREET ADDRESS		<b>1</b> 1	
CITY - ST - ZIP	1		6.4 CITY-ST-ZIP		~ )	
	y certify that the information supplied	with this filing is voluntarily furnishe		or the exemption stated in Section 119	07/3//k) Florida Statutes I further	

certify that the information inscread 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 thirdctor 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.