

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P95000069238 (0)**

1. Corporation Name
ORIENTAL MART, INC.

Principal Place of Business 1809 UNIVERSITY DRIVE CORAL SPRINGS FL 33071	Mailing Address 1809 UNIVERSITY DRIVE CORAL SPRINGS FL 33071
--	--

2. Principal Place of Business 21 2355 UNIVERSITY DR Suite, Apt. #, etc. 22 City & State 23 CORAL SPRINGS FL Zip 24 33065 Country 25 BROWARD	2a. Mailing Address 26 2355 UNIVERSITY DR Suite, Apt. #, etc. 27 City & State 28 CORAL SPRINGS FL Zip 29 33065 Country 30 BROWARD
--	---

9. Name and Address of Current Registered Agent
**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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. *Law Firm of Lawrence J. Spiegel, Chartered* 7/6/98

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

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	LEE, ALBERT
STREET ADDRESS	1809 UNIVERSITY DRIVE
CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	VD <input type="checkbox"/> DELETE
NAME	HUA, ANH
STREET ADDRESS	1809 UNIVERSITY DRIVE
CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	VD <input type="checkbox"/> DELETE
NAME	LEE, SAMUEL Y
STREET ADDRESS	1809 UNIVERSITY DRIVE
CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	SD <input type="checkbox"/> DELETE
NAME	HUI, POK K
STREET ADDRESS	1809 UNIVERSITY DRIVE
CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	TD <input type="checkbox"/> DELETE
NAME	LAM, TOMMY
STREET ADDRESS	1809 UNIVERSITY DRIVE
CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	900002587269--9
1.3 STREET ADDRESS	-07/13/98--01133--012
1.4 CITY-ST-ZIP	***900.00 ***900.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	97-98
2.3 STREET ADDRESS	REINSTATEMENT
2.4 CITY-ST-ZIP	97-10-98
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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: *ALBERT LEE* 1/20/98 984 340-PP28

FILED

98 JUL -8 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/08/1995	3a. Date of Last Report 10/22/1996
4. FEI Number 65-0605291	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent

CR2E034 (4/97)