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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90059 027 ***150.00



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DOCUMENT # 1. Corporation Name	P96000031286
ORIENT INTERNATIO	NAL TRAVEL, INCORPORATED

Principal Place of Business 1124 E. COLONIAL DRIVE ORIANDO EL 32803

Mailing Address 1124 E. COLONIAL DRIVE

ORLANDO FL 32803

Onbindo 12 desco			DO NOT WRITE IN THIS	S SPACE
			3. Date Incorporated or Qualifed 04/05/1996	
	2. Principal Place of Business 21 710 E. COLONIAL D	2a. Mailing Address 26 710 E. COLONIALDRIVE	4. FEI Number 59-3378089	
	Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired	\$8. 7
	City & State	City & State	6. Election Campaign Financing	\$5.

29 9. Name and Address of Current Registered Agent

WANG, MEI FENG 1226 E COLONIAL DR SUITE B ORLANDO FL 32803

·	Personal Property Tax. Yes No
	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City 85 Zip Code

8. This corporation owes the current year Intangible

Trust Fund Contribution

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, and accept the obligations of Section 607.0505. Florida Statutes

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: R	tegistered Agent signature required	when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	
TITLE	PSD	DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	WANG, ME! FENG		1.2 NAME			
STREET ADDRESS	1226 E COLONIAL DR, # B		1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32803		1.4 CITY-ST-ZIP			
TITLE		DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME		•	2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	Addition Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY+ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addition Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
			64 CITY ST 7ID			

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, with all other like empowered.

407-425-0208

CR2E034 (11/98)

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Applied For Not Applicable \$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees