Feb 22, 1999 8:00 am

Secretary of State

02-22-1999 90058 024 ***150.00

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

DOCUMENT # P96000053064

1. Corporation	Name									
TAI PAN INTERNATIONAL TRADE, CORP.										
) 1 66 71 69 1 (18 16116 6111 EDITI				
Principal Place of Business Mailing Address							48(1) 48111 8816		#4114 #1 81 1881	
6945 NW 82ND AVE . 6945 NW 82ND AVE						of the comment of the				
MIAMI FL 33166 US US						DO NOT WRITE IN THIS SPACE				
US US						3. Date incorporated or Qualifed				
						06/21/1996				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Apı	plied For	
21	-	26				65-0675291		Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		\$8.75 A		
22		27				5. Certificate of Otatos Desired		Fee Re	quired	
City & State		City & State				6. Election Campaign Financing	, 🗆	\$5.00		
23		28				Trust Fund Contribution		Added to	Fees	
Zip	Country Zip			iry		8. This corporation owes the cu	irrent year in		□No	
24	25 29 30				, 	Personal Property Tax.				
	9. Name and Address of Currer	it Registered Agent	-	Name		IV. Name and Address of New	Kegistereu	- Afair		
GIGI	J, KATIA A		Ľ			· .				
9173 SOUTH WEST 138TH PLACE				Street	Addres	ss (P.O. Box Number is Not Accel	talle Pur	1= # d	41-	
MIAMI FL 33186				33 7	<u> </u>	<u>/ 3. 0001174</u>	7	<u> </u>	,	
				140	<u> 211</u>	YWOOD, FL	<u>. 2</u>	3017		
			8	24 City	_		FI	85 Zip C	Code	
11 Pursuant t	to the provisions of Sections 607.050	2 and 607.1508 Florida Statutes	the abo	ve-named	corpor	ration submits this statement for th	e purpose of	changing its	registered	
office or re	o the provisions of Sections 507,050 egistered agent, or both, in the State in familiar won, and accept the oblige	of Florida. Such change was aut	horized l	by the corpo	ration	's board of directors. I hereby acc	ept the appo	intment as reg	gistered	
	n rammar won, and accept ting oblige	lilions of, Saction 607.0505, Florid	a olalui	53.			αι/ι	2/99.		
SIGNATURE	Signature, typed or printed name if registered age	nt and the if applicable. (NOTE: F	Registered A	gent signature re	equired v	when reinstating)	DATE			
12.	ON ICER'S AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO	FFICERS A			
TITLE	PD	☐ DELETE	1.1 TITL	E			,	Change	Addition	
NAME	GIGLY, KATIA A		1.2 NAM	E		4001 S. OCEAN	1 Dei	VES &	4C.	
STREET ADDRESS	-9173 G.W. 138TH PLACE	LACE 1.3		1.3 STREET ADDRESS		1901 3.000 R	22	210	,	
CITY-ST-ZIP	MIAMI FL 33186		•	-ST-ZIP		HONJWOD, FL	- 1700	☐ Change		
TITLE		☐ DELETE	2.1 TITL			•		∐ Criange	Addition	
NAME			2.2 NAM	2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRESS						ļ	
CITY-ST-ZIP				2.4 CITY-ST-ZIP				☐ Change	Addition	
TITLE			3 1 TITU	3.1 III.LE. 3.2 NAME						
NAME				Į.					ļ	
STREET ADDRESS	5		3.3 STREET ADDRESS						1	
CITY-ST-ZIP	☐ DELETE		3.4. CITY-ST-ZIP 4.1 TITLE		<u> </u>			Change	Addition	
TITLE			4. 2 NAME					_ •		
NAME STREET ADDRESS				EET ADORESS		•				
				1						
CITY-ST-ZIP TITLE			_	4.4 CITY-ST-ZIP 5.1 TITLE				☐ Change	☐ Addition	
NAME			5.2 NAM	E					{	
STREET ADDRESS			5.3 STR	EET ADDRESS					{	
CITY-ST-ZIP			5.4 CITY	-ST-ZIP						
TITLE		☐ DELETE	6.1 TITL	E				Change	☐ Addition	
NAME			6.2 NAW	E					ļ	
INVINE										

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.

6.4 CITY-ST-ZIP

SIGNATURE:

KATIA: Giali

Daytime Phone #