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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

POCUMENT # P96000067524 (4)

ORLANDO INTERNATIONAL BAKERY, INC.

Principal Place of Business 1198 LAMBERT LANE LONGWOOD FL 32750

2. Principal Place of Business

21 21 01 W. CENTRAL Sulte, Apt. #, etc.

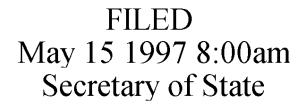
Mailing Address

2a. Mailing Address

26 2101 W.

Suite, Apt. #, etc.

1198 LAMBERT LANE LONGWOOD FL 32750-3980



3s. Date of Last Report

Applied For

Not Applicable



3. Date Incorporated or Qualified

08/12/1996

Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		Certificate of Status Desired		
City & State	LANDO FL	City & State 28 ORLANDO	. FL	Election Campaign Financing Trust Fund Contribution	\$5.00	,
Zip 24 32	BOS 25 ORANGE	7ip 29 32 <i>BO</i> 5 3	Country ORANGE		intengible tax under s. ☑ Yes ☐ No	
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Re	gistered Agent	
XIONG, YANG 1108 LAMBERT LANE LONGWOOD FL 32750. 83				reet Address (P.O. Box Number is Not Acceptable) 2101		
7				ORLANDO orporation submits this statement for the p	FL " 考。	1805
office or r	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auf	thorized by the corpo	orporation submits this statement for the pration's board of directors. I hereby acceptions	ourpose of changing its of the appointment as	s registered registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		1 3.	ADDITIONS/CHANGES TO OFFIC		S IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE		Change	Addition
NAME	XIONG, YANG		1.2 NAME			3
STREET ADDRESS	1198 LAMBERT-LANE		1.3 STREET ADDRESS	2101 W. CENTRA	IL BLVD	{
CITY-ST-ZIP	LONGWOOD FL-62780		1.4 CITY - ST - ZIP	DRIANDO, FL	32505	}
TITLE		DELETE	2.1 101LE		☐ Change	Addition C
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2 4 CITY - ST- 2IP			
TITLE		☐ DELE1E	3 1 TITLE		Change	Addition
NAME *			3.2 NAME			
STREET ADDRESS			3.3 STREET ADORESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME	*		
STREET ADDRESS			4.3 STREET ADURESS			
CITY-ST-ZIP			4.4 CITY - \$1 - 7IP			
TITLE		☐ DELE1E.	5.1 TITLE		L Change	☐ Addition
NAME			5.2 NAME			_
STREET ADDRESS			5.3 STREET ADDRESS			·
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ ĐĒLĒTĒ	6.1 TITLE		Change	Addition
NAME			G.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			}
CITY-ST-ZIP			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 logal effect as if made under eath; 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 changled, or on an attachment with an address.						