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

PROFIT CORPORATION ANNUAL REPORT

· 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000074546 (8)

SADKO RUSSIAN TRADING, INC.

WHITE ORCHID, INC.

Principal Place of Business

Mailing Address

FILED May 13 1998 8:00am Secretary of State



100 N BISCAYNE BLVD. 21ST FL NEW WORLD TOWER MIAMI FL 33132		100 N BISCAYNE BLVD. 2 NEW WORLD TOWER MIAMI FL 33132	MIAMI FL 33132		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 09/05/1996			
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4, FEI Number	Αp	plied For	
21		26	26		65:0697290	No	t Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred		
City & State	2	City & State			6. Election Campaign Financing	\$5.00		
23		28	\$!		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country	1	8. This corporation owes or has paid the current year Intangible			
24	25		30		Personal Property Tax due June 30. Yes 🔀 No			
	9. Name and Address of Curr	rent Registered Agent	81	· · · · · · · · ·	10. Name and Address of New Registers	d Agent		
BAUR, THOMAS				Name				
100 N BISCAYNE BLVD, 21ST FL NEW WORLD TOWER			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	MI FL 33132		83					
			84	City		85 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pursuant for								
SIGNATURE	Signature typed or purised name of registered	CALCATE CANCEL CANCEL	Penintered An	nt signet we rea	uired when reinstating) DATE			
12,		AND DIRECTORS	13.	ant signature rodu	ADDITIONS/CHANGES TO OFFICERS A		3S IN 12	
TITLE	DP	DELETE	1.1 TITLE		1,5511101000000000000000000000000000000	☐ Change	Addition 3	
NAME	*** *** *****		1.2 NAME				[]	
STREET ADDRESS	des to missing many and missing			ADDRESS			l:	
CITY-ST-ZIP	MIAMI FL		1.4 CITY - 5	ST- 71P				
TITLE			2.1 TITLE			Change	Addition (
NAME	KUEGLER, WILFRIED		2.2 NAME				1	
STREET ADDRESS	100 N BISCAYNE BLVD, 21	IST FL	2.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL		2. 4 CITY -	S1-ZIP			1	
TITLE		DELETE	3.1 TITLE			Change	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	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - !	ST-ZIP		<u>.</u>		
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY - S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition /	
NAME			6.2 NAME		7000025252	287	1/1/14	
STREET ADDRESS			6.3 STREET	ADDRESS	-05/15/9801057	001	70 6X	
CITY-ST-ZIP			6.4 CITY - 5	ST-7/P	www.tcn_nn		- I '	

14. hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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.