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PROFIT CORPORATION ANNUAL REPORT

1997

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ELORIDA DEPARTMENT DE STATE

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Feb 27 1997 8:00am

Secretary of State

(96/6)

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000075705 (9)

ORIENTAL TRADING & INFORMATION, INC.

Principal Place of Business Mailing Address 2001 SW 16TH STREET, APT. #C-27 2001 SW 16TH STREET. APT. #C-27 **GAINESVILLE FL 32608** GAINESVILLE FL 32608-1427 3a. Date of ast Report 3. Date Incorporated or Qualified 09/09/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite. Ant. #. etc. Suite. Ant. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 **Trust Fund Contribution** Added to Fees $Z_{\rm ID}$ Country Ζιρ Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHU. TIANSHU 2001 SW 16TH STREET, APT. #C-27 82 Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32608** 83 84 City Zip Code 85 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 lamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE itgronize: type the printed name of registered agent and title diapplicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TiTLE 1.5 TITLE Change Addition N.A.E CHU, TINANSHU 1.2 NAME 2001 SW 16TH STREET, APT. #C-27 STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL 32608** 1.4 CITY - ST - ZIP CHY-SI-ZIP Change DELETE Addition THE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - S1 - ZiP 2. 4 CITY - ST - ZIP DELETE TITLÉ 3.1 TITLE ☐ Change ___ Addition NAM: 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIE 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY - ST - ZIP DELETE THUE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-St-209 5.4 CITY-ST-ZIP DELETE TIFLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHY-\$1-703 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 eport 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