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 #

P96000084168 (9)

FORMOSA TRADING, INC.

Principal Place of Business	Malling Address			
210 UNIVERSITY DRIVE STE 502 CORAL SPRINGS FL 33077	210 UNIVERSITY DRIVE STE 502 CORAL SPRINGS FL 33077			

FILED Apr 16 1998 8:00am Secretary of State



Dringing Dis-	o of Business	Molling Address					(B B)(B) (B)((B)	
1 '	ce of Business	Malling Address	ILIP ATT 444					
210 UNIVERSITY DRIVE STE 502 210 UNIVERSITY DRIVE ST CORAL SPRINGS FL 33077 CORAL SPRINGS FL 33077								
					DO NOT WRITE IN THIS	SPACE		
					3, Date Incorporated or Qualified 10/11/1996			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
21 26							Not Applicable	
Suite, Apt. #, etc.		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip			Cour	ntry	8. This corporation owes or has paid the cu	urrent year	Intagrgible	
24	25	29	30		Personal Property Tax due June 30.		☑ No	
	9. Name and Address of Curr	ent Registered Agent		1	10. Name and Address of New Registered	Agent		
	'Uon g, kieu		1	81 Name				
210 UNIVERSITY DRIVE STE 502 CORAL SPRINGS FL 33077			1	82 Street Address (P.O. Box Number is Not Acceptable)				
	OTHE OF MITOS I E SSOTT		1	B 3				
			Ī	B4 City	Fl	85 Zi	p Code	
44 Durayant	to the provisions of Postions COZ D	E00 and C07 1500 Florida Pla	tutos the ab	ave named ser	poration submits this statement for the purpose	ef changing	ite registered	
office or r	registered agent, or both, in the Sta am familiar with, and accept the obl	ite of Florida. Such change wa	is authorized	by the corpora	tion's board of directors. I hereby accept the ap	pointment	as registered	
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable (A	O1L Registered	Agent signature requi	ired when reinstating) DATE			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	ORS IN 12	
TITLE	PTD	DELETE	1.1100	LE		Change	e Addition	
NAME	VUONG, KIEU		1.2 NAN	ME				
STREET ADDRESS	210 UNIVERSITY DRIVE S		1.3 STR	REET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL 3307	7'	1.4 CIT	Y-ST-ZIP				
TITLE		DELETE	2.1 TITL	LE		Change	e 🔲 Addition	
NAME			2.2 NAM	ME				
STREET ADDRESS			2.3 STR	EE1 ADDRESS				
CITY-ST-ZIP			2. 4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	3.1 TITE	.E		☐ Change	e 🔲 Addition	
NAME			3.2 NAM	ME				
STREET ADDRESS			3.3 STR	EET ADDRESS				
CITY-ST-ZIP		·	3.4. CiT	Y-S1-ZIP				
TITLE		DELETE	4.1 T)TL	.E		Change	e Addition	
NAME			4. 2 NA	ME				
STREET ADORESS			4.3 STR	EET ADDRESS				
CITY-ST-ZIP		··	4.4 C(1)	Y-S1-ZIP			· ···	
TITLE		DELETE	5.1 TITL	.E		L Change	e Addition	
NAME			5.2 NAN	ME				
STREET ADDRESS			5.3 STR	EET ADDRESS				
CITY-ST-ZIP			5.4 C(T)	Y-ST-ZIP				
TITLE		☐ DELETE	6.1 TITL	.\$	· · · · · · · · · · · · · · · · · · ·	☐ Change	e Addition	
NAME			6.2 NAN	ΛE				
STREET ADDRESS			6.3 STR	EET ADDRESS				
CITY-ST-ZIP	<u> </u>		6.4 CITY	Y-S1-21P				

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.