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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000086015 (0) DOCUMENT #

1. Corporation Name

ST. LUCIE ORIENTAL EXPRESS, INC.

Principal Place of Business	Mailing Address	
1351-A SW ST LUCIE W BLVD PORT ST LUCIE FL 34953	1351-A SW ST LUCIE W BLVD PORT ST LUCIE FL 34953	

FILED Jan 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/17/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0699648 Not Applicable Suite, Apt. #, etc. Suite, Ant. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zìo Country Country 8. This corporation owes or has paid the current year Intangible 🗶 Yes 24 25 29 30 Personal Property Tax due June 30. □ Ño 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CHAN, YUK K 1351-A SW ST LUCIE W BLVD Street Address (P.O. Box Number is Not Acceptable) PORT ST LUCIE FL 34953 83 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 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change CHAN, HO NAME 1,2 NAME 613 SWPUEBLO TERRACE STREET ADDRESS 1.3 STREET ADDRESS PT ST LUCIE FL 34953 CITY-ST-ZIP 1.4 CITY-ST-ZIP DVPS DELETE TITLE 2.1 TITLE Addition CHAN, YUK K NAME 2.2 NAME 613 SWPUEBLO TERRACE STREET ADDRESS 2.3 STREET ADDRESS PT ST LUCIE FL 34953 CITY-ST-ZIP 2. 4 CITY - ST-ZIP ☐ DELETE TITLE 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 TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 13 if changed, or on an attachment with an address.

SIGNATURE: X