FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S41241** **(8)**

1. Corporation Name

TORGVAN CORPORATION

Principal Place of Business

~~599 6TH STREET~~
BROOKLY NY 11215
US

Mailing Address

914 PRESIDENT STREET
BROOKLYN NY 11215
US

3. Date Incorporated or Qualified: 03/26/1991

3a. Date of Last Report: 02/13/1995

4. FEI Number: 58-1944030 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 914 PRESIDENT ST.
Suite, Apt. #, etc.
22
City & State
23 BROOKLYN, NY
Zip
24 11215
Country
25 KING

2a. Mailing Address
26 914 PRESIDENT ST
Suite, Apt. #, etc.
27
City & State
28 BROOKLYN, NY
Zip
29 11215
Country
30 KING

9. Name and Address of Current Registered Agent

BENNETT, JOAN (KEYSTONE
~~701 14 STREET #2~~
~~#200~~
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name: BENNETT, JOAN (KEYSTONE)
82 Street Address (P.O. Box Number is Not Acceptable): 420 15 STREET, # 3
83
84 City: MIAMI BEACH **FL**
85 Zip Code: 33139

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	CAO, LAI VAN	
STREET ADDRESS	~~599 6TH ST~~	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	D	☐ DELETE
NAME	LONGINOTTO, FINN R.T.	
STREET ADDRESS	~~599 6TH ST~~	
CITY-ST-ZIP	BROOKLYN NY	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
1.2 NAME	CAO, LAI VAN	
1.3 STREET ADDRESS	914 PRESIDENT STREET	
1.4 CITY-ST-ZIP	BROOKLYN, NY 11215	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME	LONGINOTTO, FINN R.T.	
2.3 STREET ADDRESS	914 PRESIDENT STREET	
2.4 CITY-ST-ZIP	BROOKLYN, NY 11215	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Lai V. Cao 1/22/96 718-399-6220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LAI VAN CAO President