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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

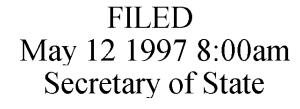
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(5)

**ORIENTAL HOUSE, INC.** 

Principal Place of Business

Mailing Address





10162 W FLAGLER ST MIAMI FL 33174-830 US		10162 W FLAGLER ST MIAMI FL 33174-1830 US		3. Date Incorporated or Qualified			ast Report	
2. Principal P	Place of Business	2a. Mailing Address			<b>05/21/1991 4.</b> FEI Number	04/2	9/19	
21		26			65-0264855			Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			SR 75 Additional			
22		27			5. Certificate of Status Desired			e Required
City & State		City & State	City & State		6. Election Campaign Financing	ampaign Financing \$5.00 May Be		
23		28	<del></del>	·	Trust Fund Contribution			ded to Fees
Zip 24	Country 25	Zip [29]	Gountry 30	/	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes ☑ No			
	9. Name and Address of Currer	nt Registered Agent		T	10. Name and Address of New Reg	distered A	gent	
	JIE, DORIS P		81	Name				
	62 W FLAGLER ST MI FL 33174		82	Street Add	Address (P.O. Box Number is Not Acceptable)			
			83					
			84	City		FL.	85	Zıp Code
11, Pursuant office or r agent. I a	to the provisions of Soctions 607.055 egistered agont, or both, in the State m familiar with, and accept the oblig Signature, lyned or printed name of registered ago	*			poration submits this statement for the proteins board of directors. I hereby acceptions the reinstating)	urpose of the appo	changi intmen	ng its registered it as registered
12.		D DIRECTORS	18.		ADDITIONS/CHANGES TO OFFICE	ERS AND	DIREC	TORS IN 12
TITLE	PD	DELETE	1.5 TITLE				Chai	nge 🔲 Addition
NAME	LOUIE, DORIS POON		1.2 NAME					
STREET ADDRESS	2930 SW 65 AVE		1 3 STREET	ADDRESS				
CITY-ST-ZIP TITLE	MIAMI FL	I belone	14 CITY-5	57 - Z(F)				
NAME	LUI ALEONOO		2 1 1171.1			ι	Char	ige L.J.Addition
STREET ADDRESS	101 NW 36 CT		2.2 NAME	45.605.00				
CITY-ST-ZIP	MIAMI FL		2.3 \$TREFT 2. 4 City -					
TITLE		DELETE	3.1 11115	51.74			Char	nge Addition
NAME			3.2 NAME			•		g. hand
STREET ADDRESS			3.3 STREET	ADDRESS				ļ
CITY-ST-ZIP			3.4. CITY- :	61 - <b>2</b> 1P				
TITLE		☐ DELETE	4.1 111£E				Char	nge 🔲 Addition
NAME			4. 2 NAME					ĺ
STREET ADDRESS			4.3 STREE1	ADDRESS				
CITY-ST-ZIP			4.4 CHY-S	1 - ZIP				
TITLE		☐ DELETE	5 1 THLE			L	Char	nge 🔲 Addition
NAME			5.2 NAME					1
STREET ADDRESS			5.3 STREET					[
CITY-ST-ZIP TITLE		DELETE	5.4 CHY-S	T · Ztf'		· ····· r	Char	nge Addition
NAME		€ necrit	6.1 TO LE			ι	Char	ige [] Adoltion
STREET ADDRESS				YUUDE GG				
CITY-ST-ZIP			6.3 STREET					
Ulit-SI-ZIP			6.4 CITY - S	1-70				

I up nereby 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 flock 12 or Block 13 if changed, or an attachmorphy with an address.

Doris P. Pouie. President