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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S92703** (5)

1. Corporation Name:
STRAITS INTERNATIONAL, INC.



Principal Place of Business: **1260 SOUTH MCDUFF AVENUE SUITE D JACKSONVILLE FL 32205**
Mailing Address: **1260 SOUTH MCDUFF AVENUE SUITE D JACKSONVILLE FL 32205-8030**

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

3. Date Incorporated or Qualified: **11/07/1991** 3a. Date of Last Report: **03/25/1996**
4. FEI Number: **59-3084546** Applied For: ☐ Not Applicable
5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**BEARDSLEY, DALE A. ESQUIRE
225 WATER STREET
SUITE 1400
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name: **Beardsley, Dale A. Esquire**
82 Street Address (P.O. Box Number is Not Acceptable): **12 East Bay Street**
83
84 City: **Jacksonville** FL 85 Zip Code: **32202-3427**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	FRIELE, JUERGEN HERBER	
STREET ADDRESS	11-5-2 PUNCAK BUKIT MUTIARA	
CITY- ST- ZIP	11200 PENANG MA	
TITLE	DVT	<input checked="" type="checkbox"/> DELETE
NAME	KUYPERS, UDO HEINER	
STREET ADDRESS	39 MOUNT SINAI RISE #21-01	
CITY- ST- ZIP	SINGAPORE 10	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	HEW, NYEAN F	
STREET ADDRESS	1260 S MCDUFF AVE SUITE D	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Friele, Juergen Herbert	
1.3 STREET ADDRESS	11-5-2 Puncak Bukit Mutiara	
1.4 CITY- ST- ZIP	11200 Penang, Malaysia	
2.1 TITLE	D/VP/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kuypers, Udo Heiner	
2.3 STREET ADDRESS	39 Mount Sinai Rise #21-01	
2.4 CITY- ST- ZIP	Singapore 276957	
3.1 TITLE	D/VP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hew, Nyeen F.	
3.3 STREET ADDRESS	1260 S. McDuff Ave., Suite D	
3.4 CITY- ST- ZIP	Jacksonville, FL 32205	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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: NYEAN F. HEW, Jr. 4/22/97 (904) 389-1863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)