

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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S92703** (5)

1. Corporation Name
STRAITS INTERNATIONAL, INC.

Principal Place of Business
**3491 Fall Hall Dr.
1200 SOUTH MODUFF AVENUE
SUITE # 201
JACKSONVILLE FL 32205
32259**

Mailing Address
**3491 Fall Hall Dr.
1200 SOUTH MODUFF AVENUE
SUITE # 201
JACKSONVILLE FL 32205
32259**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/07/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3094546	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BEARDSLEY, DALE A. ESQUIRE 12 EAST BAY STREET JACKSONVILLE FL 32202				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIE, JUERGEN HERBER	1.2 NAME	
STREET ADDRESS	11-5-2 PUNCAK BUKIT MUTIARA	1.3 STREET ADDRESS	
CITY-ST-ZIP	11200 PENANG MALAYSIA	1.4 CITY-ST-ZIP	
TITLE	DVT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUYPERS, UDO HEINER	2.2 NAME	
STREET ADDRESS	39 MOUNT SINAI RISE #21-01	2.3 STREET ADDRESS	
CITY-ST-ZIP	SINGAPORE 10	2.4 CITY-ST-ZIP	
TITLE	DVPS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEW, NYEAN F 3491 Fall Hall Dr. #201	3.2 NAME	
STREET ADDRESS	1200 S MODUFF AVE SUITE D	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32259	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE **NYEAN F. HEW** DATE **3/31/98** (904) 389-1862

CR2E034 (10/97)