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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V55724

(1)

**ORIENT QUARTET, INC.** 

FILED
Mar 19 1998 8:00am
Secretary of State



Principal Place	of Business	Mailing Address	alling Address			1 (99) 91(40) 91(4) 4111	, 18818 11811 8181 818		6150 1651	
3176 COMMO	OORE PLAZA	3176 COMMODORE PLAZA	1176 COMMODORE PLAZA					17		
MIAMI FL 3313	33	MIAMI FL 33133				DO NOT WRITE IN THIS SPACE				
US		US	U\$			3. Date Incorporated or Qualified				
					1 -	07/31/1992				
2. Principal Place of Business 2a. Mailing Address						El Number		I A	oplied For	
21	333 01 233000	<del>                                     </del>	26			65-0348910			ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				Desired [	\$8.75	Additional	
22		<del></del>	27			ertificate of Status	Desireo L	Fee R	equired	
City & State		City & State	4 4			lection Campaign I	Financing	\$5.00	May Be	
23		28	28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Counti	У	<b>6.</b> Ti	his corporation ow	es or has paid t			
24	25					Personal Property Tax due June 30. Yes No				
	9. Name and Address of	Current Registered Agent		10. Name and Address of New Registered Agent						
RID	ong, tan	8	Name	Ta	rn, Rida	on9				
4031 SW 164TH ST			8:	Street A	Address (P.O	. Box Number is N		<del> </del>		
MIAMI FL 33157				<u> </u>	176 C	<u>commodore</u>	Plaza:			
			8	9						
			84	City	2/ 1 1 -			- 85 Zip	Code	
				1 '	Miam	<u> </u>		FL   123	133	
11. Pursuant t	o the provisions of Sections	607.0502 and 607.1508, Florida Statutes, the State of Florida Such change was aut the obligations of, Section 607.0505, Florid	the abor	ve-named	corporation s	submits this statem	ent for the purp ereby accept th	ose of changing to be appointment as	ts registered	
agent. I ar	n familiar with, and accept the	he obligations of, Section 607.0505, Floric	ia Statut	96.	5014(10118-1500	ara or alloctors: The	—	11 9	2	
SIGNATURE 1/A-> KIDONG JAN.										
	Signature, typical or printed name of rep			gent signature	required when rel		O TO OFFICER	O AND DIDECTOR	50 IN 10	
12.		ERS AND DIRECTORS  DELETE	13.	- <del>7</del> 7		DITIONS/CHANGE		S AND DIRECTOR	Addition	
TITLE	PD TANK	☐ DECEIE	1.1 TITLE		1A1	1, RIDOR	v <del>q</del>	EST CHAINGE		
NAME	RIDONG, TAN		1.2 NAME		903/	SW 164th	St.	,	- !	
STREET ADDRESS	9061 SW 164TH ST			ET ADDRESS	1081	mi, FL	27187		· !!	
CITY-ST-ZIP	MIAMI FL	Deter	1.4 CITY		Mia	mi, re	2213 /	X Change	Addition	
TITLE	VP	☐ DELETE	2.1 TITLE	~ [ ]	412	, YVONN S.W. 16 mi, TL	1F	to form		
NAME	YVONNE, N G		2.2 NAM	ŀ	744	, 100,000	1 a Ct	1.0		
STREET ADDRESS	9031 SW 164TH ST	•		ET ADDRESS	4031	5.00. 10	75167	•		
CITY-ST-ZIP	MIAMI FL	<b>₩</b> DELETE	2. 4 CITY		ma	mi, FL	55171	Change	Addition	
TITLE	S THE THOMAS	<b>A</b> tett	3.1 TITLE				A			
NAME	HUG, THOMAS		3.2 NAM							
STREET ADDRESS	9031 SW 164TH ST			et address						
CITY-S1-ZIP	MIAMI FL	N Delete	3.4. CITY					Change	Addition	
<b>TITLE</b>	D	DELETE	4.1 TITLE					Oriente	TT MORROIT	
NAME	YUE-QIANG, TAN	•	4. 2 NAM						l	
STREET ADDRESS	9031 SW 164TH ST			ET ADDRESS					: I	
CITY-ST-ZIP	MIAMI FL	T briese	4.4 CITY					Change	L3 Addition	
TITLE		☐ DELETE	5.1 TITLE					L. Dieige		
NAME			5.2 NAM							
STREET ADDRESS				ET ADDRESS					1	
CITY-ST-ZIP		T DELETE	5.4 CITY		ļ			Change	Addition	
TITLE		☐ DELETE	6.1 TITLE					C CHAINGE		
NAME			6.2 NAM						· ]	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP		and a situation of the state of	6.4 CITY	-ST-ZIP	nd in Continn	110 07/3\(i) Elorid	la Statutae I fur	ther certify that the	e information	
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.										
BIOCK 12	or brock is it changed, or or	i an anachment with an address.	_				1	1	രമമി	