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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **664229** **(2)**

1. Corporation Name
TIGER TIGER TEAHOUSE, INC.

Principal Place of Business	Mailing Address
1624 79ST CAUSE WAY N. BAY VILLAGE FL 33141	1624 79ST CAUSE WAY N. BAY VILLAGE FL 33141

3. Date Incorporated or Qualified: 02/05/1980
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 1125 97 st
22 Suite, Apt. #, etc.: #1
23 City & State: BAY HARBOR, FL.
24 Zip: 33154
25 Country: DADE

2a. Mailing Address
26: 1125 97st
27 Suite, Apt. #, etc.: #1
28 City & State: BAY HARBOR, FL.
29 Zip: 33154
30 Country: DADE

4. FEI Number: 59-1990145 ☐ 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

9. **Name and Address of Current Registered Agent**

TOM, VINCENT
1624 79TH ST. CAUSEWAY
N. BAY VILLAGE FL 33141

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
Signature, type or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	C	☐ Change ☐ Addition
NAME	TOM, BAY OW		1.2 NAME	TOM, BAY OW	
STREET ADDRESS	3675 FLAMINGO DRIVE		1.3 STREET ADDRESS	1080 99 st B-13	
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP	BAY HARBOR, FL 33154	
TITLE	D	☐ DELETE	2.1 TITLE	P	☑ Change ☐ Addition
NAME	VINCENT, TOM		2.2 NAME	TOM, VINCENT	
STREET ADDRESS	1624 79TH ST CAUSEWAY		2.3 STREET ADDRESS	1125 97 st #1	
CITY-ST-ZIP	N. BAY VILLAGE FL 33141		2.4 CITY-ST-ZIP	BAY HARBOR, FL 33154	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Vincent Tom, president — 4.4.97 — 305 867-8674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0519302