FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 2:58

DOCUMENT # **693717** **(1)**

1. Corporation Name
O.K. CHANG CHINESE RESTAURANT, INC.

Principal Place of Business	Mailing Address
% ANDRES CHONG 2404 S.W. 107TH AVENUE MIAMI FL 33165-2426	% ANDRES CHONG 2404 S.W. 107TH AVENUE MIAMI FL 33165-2426

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/09/1981
3a. Date of Last Report: 03/14/1994

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

4. FEI Number: 59-2137550 ☐ 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

CHONG, ANDRES
2404 SW 107TH AVENUE
MIAMI FL

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, typed 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	CHONG, ANDRES	1.2 NAME	
STREET ADDRESS	1435 SW 18TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	CHANG, CHI YEE	2.2 NAME	
STREET ADDRESS	3405 SW 107 CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CHONG, MARIA	3.2 NAME	
STREET ADDRESS	1435 SW 18TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	☐ Change ☐ Addition
NAME	CHANG, YET M	4.2 NAME	
STREET ADDRESS	3405 SW 107 CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X Chi Yee Chang CHI YEE CHANG 2.10.95 (305) 221 8604
SIGNATURE AND TYPED OR PRINTED NAME OF RANKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0170049 CP

JOHN A. HARALAMBIDES
CERTIFIED PUBLIC ACCOUNTANT

Coral Way at 3135 Southwest 3rd Avenue
Miami, Florida 33129

Telephone (305) 854-6732

(1)

TAXPAYER'S INSTRUCTIONS

DATE: February 8 19 95

TO O.K. Chang Chinese Restaurant Inc.
2404 SW 107 Ave.
Miami FL 33165-2426

ENCLOSED herewith is your ☒ Annual ☐ Quarterly ☐ Monthly ☐ .....

FEDERAL
- ☐ Individual Income Tax Return
- ☐ Declaration of Estimated Tax
- ☐ Corporation Income Tax Return
- ☐ Partnership Income Tax Return
- ☐ Fiduciary Income Tax Return
- ☐ Social Security Tax Return (941)
- ☐ Unemployment Tax Return (940)
- ☐ .....

STATE
- ☐ Individual Income Tax Return
- ☐ Declaration of Estimated Tax
- ☐ Corporation Income Tax Return
- ☒ Annual Report
- ☐ Sales Tax Report
- ☐ Unemployment Tax Return
- ☐ .....

OTHER
- ☐ City ..... Return
- ☐ Township ..... Return
- ☐ County ..... Return
- ☐ ..... Return
- ☐ ..... Return

SIGNATURES Please see that the return is signed and dated where indicated by:

- ☐ You
- ☐ Your Wife
- ☐ Your Partner
- ☒ President
- ☐ Secretary
- ☐ Treasurer
- ☐ .....
- ☐ .....
- ☐ .....

SPECIAL INSTRUCTIONS ☐ Attach W-2 Withholding Statement(s) ☐ Affix Corporate Seal ☐ Have it notarized
☐ .....

AMOUNT
- ☐ No remittance is necessary
- ☐ Overpayment is being refunded
- ☐ Overpayment is being credited to this year's estimated tax.

Remit by check or money order as follows:
- ☒ In full
- ☐ In installments as indicated
- ☐ .....

DATE DUE

ON OR BEFORE	MAKE REMITTANCE TO	MAIL TO	AMOUNT	
April 1, 19				
April 15, 19				
June 15, 19				
Sept. 15, 19				
Jan. 15, 19				
March 15, 19				
May 1, 1995	Dept. of State	Envelope Enclosed	200	00

MAIL – Mail original return with remittance before due date. Do not combine checks for various taxes, but use a separate check for each tax paid. To avoid late filing penalties use plenty of postage (some authorities do not accept mail with postage due) and file or mail before due date.

☒ Mail First Class ☐ Special Delivery ☐ Certified Mail ☐ Return receipt requested ☐ .....

This return has been prepared from information furnished and it is possible in the case of the Declaration of Estimated Tax that the financial position will change during the year. For this reason it is important to review your income status prior to quarterly due dates so that an amended estimate may be filed if required. Please advise us if this becomes necessary.