

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # G01157 (8)
1. Corporation Name
CANTON CHINESE RESTAURANT OF CORAL GABLES, INC.



Principal Place of Business
2614-2624 PONCE DE LEON BLVD
CORAL GABLES FL 33134

Mailing Address
2614-2624 PONCE DE LEON BLVD
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/23/1982

4. FEI Number
59-2255158

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

30

9. Name and Address of Current Registered Agent
ED WIDER
325 N. KROME AVE
APT. #1816, CLIPPER BLDG.
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

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 officer 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
P	NG, ALLAN	7237 S.W. 146 ST CIRCLE	MIAMI FL	<input type="checkbox"/>
ST	LING, TONY	18151 NE 31ST COURT, APT. #1816 CLIPPER BD	N. MIAMI BEACH FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1					
1.2					
1.3					
1.4					
2.1				<input type="checkbox"/>	<input type="checkbox"/>
2.2					
2.3					
2.4					
3.1				<input type="checkbox"/>	<input type="checkbox"/>
3.2					
3.3					
3.4					
4.1				<input type="checkbox"/>	<input type="checkbox"/>
4.2					
4.3					
4.4					
5.1				<input type="checkbox"/>	<input type="checkbox"/>
5.2					
5.3					
5.4					
6.1				<input type="checkbox"/>	<input type="checkbox"/>
6.2					
6.3					
6.4					

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 in an attachment with an address.

SIGNATURE: _____ 4/1/98 3058846857

CR2E034 (10/97)