

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

FILED
Mar 25 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 # P93000087919 (5) 1. Corporation Name CHINA GRILL MANAGEMENT, INC.			
Principal Place of Business 404 Washington Ave Miami Beach, FL 33139 Attn: China Grill		Mailing Address 404 Washington Ave Miami Beach, FL 33139 Attn: China Grill	
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	
9. Name and Address of Current Registered Agent Chodorow, Jeffrey 404 Washington Ave Miami Beach, FL 33139 Attn: China Grill		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 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 ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CHODOROW, JEFFREY	1.2 NAME	
STREET ADDRESS	19355 Turnberry Way	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. Miami Beach FL	1.4 CITY-ST-ZIP	
TITLE	DP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CHODOROW, JEFFREY	2.2 NAME	
STREET ADDRESS	19355 Turnberry Way	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. Miami Beach FL	2.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	POLSENBERG, JACK	3.2 NAME	
STREET ADDRESS	4 Gartley Drive	3.3 STREET ADDRESS	
CITY-ST-ZIP	Newtown Square PA	3.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Neil Faggen	4.2 NAME	
STREET ADDRESS	155 Coopertown Road	4.3 STREET ADDRESS	
CITY-ST-ZIP	Haverford PA	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	
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: _____		3-20-98 (215) 468 5900	

CR2E034 (10/97)