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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000050976

1. Corporation Name
TIM'S ORIENTAL GROCERY, INC.



Principal Place of Business: 30065 S DIXIE HIGHWAY MIAMI FL 33033 US
 Mailing Address: 21505 S.W. 97TH CT. MIAMI FL 33189

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/11/1994

4. FEI Number: 65-055777-1 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 the current year Intangible Personal Property Tax. Yes No

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

9. Name and Address of Current Registered Agent
CHOOS, S. SCOTT
 15600 S.W. 288TH ST.
 SUITE 312
 HOMESTEAD FL 33033

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	LEUNG, HOO T	1.1 TITLE:	
NAME:	21505 S.W. 97TH CT.	1.2 NAME:	
STREET ADDRESS:	MIAMI FL 33189	1.3 STREET ADDRESS:	
CITY-ST-ZIP:		1.4 CITY-ST-ZIP:	
TITLE: STD	LEUNG, SAU CHI CHAN	2.1 TITLE:	
NAME:	21505 S.W. 97TH CT.	2.2 NAME:	
STREET ADDRESS:	MIAMI FL 33189	2.3 STREET ADDRESS:	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	
TITLE:		3.1 TITLE:	
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:		4.1 TITLE:	
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:		5.1 TITLE:	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:		6.1 TITLE:	
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, with all other like empowered.

SIGNATURE: *Sau Chi Chan* SAU CHI CHAN LEUNG 3/3/99 305 247 4707

CR2E034 (11/98)