FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthafti

(Secretary of State)

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name S26016

(3)

	CHIMESE	RESTAUR	TIAL	INC.
-MPIKE	CHINESE	REGIAUDA	MVI.	INC.

		Mailing Address							
Principal Place of	f Business	Mailing Address				İ			
2491 10TH AVENUE NORTH LAKE WORTH FL 33461		2491 10TH AVENUE NORTH LAKE WORTH FL 33461							
						3. Date Incorporated or Qualified	3a. Date of l		
						01/17/1991	03/2	2/1995	
2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State		2a. Mailing Address				4. FEI Number			plied For
		26		39 303029 1			t Applicable		
		Suite Apt. #, etc	Suite Apt. #, etc		5. Certificate of Status Desired		Additional Required		
		City & State					May Be to Fees		
3		Z ₁ 0		Country		8. This corporation has liability for in	ntangible tax u	inder s 1	99.032,
_ Zip	Country	<u> </u>	30	, ,		Florida Statutes Yes	M No		
4	9. Name and Address of Cur	29	1301	T		10. Name and Address of New R	egistered Age	ent	
	9. Name and Address of Car	Telli fiegiotoros vigeni		81	Name				
11. Pursuant to	o the provisions of Sections 607.0 ed agent, or both, in the State of F	502 and 607,1508, Florida S lovida, Such change lavids str	Statutes, the	above ine com	City named corpo poration's boa	oration submits this statement for the pur ard of directors. I hereby accept the app	FL		Code gistered offic agent. I am
							DATE		
SIGNATURE _	Signature, typed or printed narrie of registeral .			tereri Age 13.	rt signature reger	ADDITIONS/CHANGES TO OFF	ICERS AND D	RECTOF	RS IN 12
12.		AND DIRECTORS DELETI		1. 1 THE					☐ Addition
TITLE	PST	<u>ר</u> וענננוו							
NAME	CHEN, FENG YI			1.2 NAME	, ANGEROS				
STREET ADDRESS	2491 10TH AVENUE N.				1 ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL 33461	DELET		1.4 CITY - 2.1 TULE				Change	Addition
TITLE		[] Office							
NAME				2 2 NAME					
STREET ADDRESS				-	-LADDRESS				
CITY-ST-ZIP				24 CiTY- 3-1 TITLE] Change	☐ Addition
HILE		DELET		3 2 NAME					
NAME			1		l.				
STREET ADDRESS			ļ		ET ADDRESS				
CITY-ST-ZIP		- Financia	<u></u>	3.4 City 4.1 MILE] Change	Addition
TITLE		C DELE	·]		i		_		
	1			4.2 NAM	E 1				

6.4 CHY - S1 - 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)(k). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

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4 4 CHY - ST - ZIP

5 1 THE

5.2 NAME

6 1 THE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

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