

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

CORPORATION
ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
CORPORATION REPORT
ANNUAL REPORT 1995

DOCUMENT # **L84013**

(6)

ALOMA RESTAURANT CORPORATION

APPROVED
JAN 10 1996

9:58 AM

FLORIDA
TALLAHASSEE, FLORIDA

Principal Office Address: **2140 NW 76 TERR. MARGATE FL 33063 US**
Mailing Address: **2140 NW 76 TERR. MARGATE FL 33063 US**

DEPARTMENT OF REVENUE

3. Date incorporated (or equivalent)	3a. Date of Last Report
06/22/1990	03/10/1994
4. Filer's Signature	Applied For
65-0210832	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. Fees (specify fee for fee, if applicable to the order \$ 195.00)	
Company Statutes	Yes No

2. Date of Filing of Report	2a. Mailing Address
21. 2140 N.W. 76 TERR.	28. 2140 N.W. 76 TERR.
22. State of Florida	27. State of Florida
23. Margate FL.	28. Margate FL.
24. 33063	29. 33063
25. US	30. US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WONG, ALOMA
2140 NW 76 TERR.
MARGATE FL 33063**

81. Name	85. Zip Code
82. Street Address (if box number, list Apartment)	
83. City	
84. State	FL

11. The undersigned hereby certifies that the information furnished in this report is true and correct, and that the undersigned is duly qualified to act as a registered agent for the purposes of Chapter 195, Florida Statutes, and that the undersigned is duly qualified to act as a registered agent for the purposes of Chapter 195, Florida Statutes.

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN:

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN:
1. NAME	1. NAME
2. STREET ADDRESS	2. STREET ADDRESS
3. CITY	3. CITY
4. STATE	4. STATE
5. ZIP CODE	5. ZIP CODE
6. TITLE	6. TITLE
7. DATE OF FILING	7. DATE OF FILING
8. DATE OF FILING	8. DATE OF FILING
9. DATE OF FILING	9. DATE OF FILING
10. DATE OF FILING	10. DATE OF FILING
11. DATE OF FILING	11. DATE OF FILING
12. DATE OF FILING	12. DATE OF FILING
13. DATE OF FILING	13. DATE OF FILING
14. DATE OF FILING	14. DATE OF FILING
15. DATE OF FILING	15. DATE OF FILING
16. DATE OF FILING	16. DATE OF FILING
17. DATE OF FILING	17. DATE OF FILING
18. DATE OF FILING	18. DATE OF FILING
19. DATE OF FILING	19. DATE OF FILING
20. DATE OF FILING	20. DATE OF FILING

14. I hereby certify that the information supplied with this filing is complete, accurate and correct, and that the undersigned is duly qualified to act as a registered agent for the purposes of Chapter 195, Florida Statutes, and that the undersigned is duly qualified to act as a registered agent for the purposes of Chapter 195, Florida Statutes.

SIGNATURE:

Aloma Wong

Aloma Wong

4/5/95 (305) 912-9070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR