

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90084 008 ***150.00

DOCUMENT # 422134

1. Corporation Name

HENG WAH CHINESE RESTAURANT, INC.

Principal Place of Business

6475 WEST 4 AVENUE
HIALEAH FL 33012

Mailing Address

6475 WEST 4 AVENUE
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1973

4. FEI Number

59-1459320

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

9. Name and Address of Current Registered Agent

LEE, KOK HONG
11470 S.W. 4 STREET
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name

AIDA RIVERA

82 Street Address (P.O. Box Number is Not Acceptable)

6475 West 4 Avenue

83

84 City

Hialeah

FL

85 Zip Code

33012

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

Aida Rivera

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☒ DELETE

NAME ~~LEE, KOK HONG~~

STREET ADDRESS ~~11470 S.W. 4 STREET~~

CITY-ST-ZIP ~~MIAMI FL 33174~~

TITLE VPD ☒ DELETE

NAME ~~LEE, MARY JANE S~~

STREET ADDRESS ~~11470 S.W. 4 STREET~~

CITY-ST-ZIP ~~MIAMI FL 33174~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD ☒ Change ☐ Addition

1.2 NAME RIVERA, AIDA

1.3 STREET ADDRESS 6475 West 4 Ave.,

1.4 CITY-ST-ZIP Hialeah, Fl. 33012 ☒ Change ☐ Addition

2.1 TITLE VPD

2.2 NAME ENOEMIA GONZALEZ

2.3 STREET ADDRESS 6475 West 4 Ave.,

2.4 CITY-ST-ZIP Hialeah, Florida 33012 ☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

Aida Rivera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99

Date

Daytime Phone #

CR2E034 (11/98)