

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 436852

(8)

1. Corporation Name
EGG ROLLS SKINS, INC.

Principal Place of Business
3251 EAST 11TH AVE
HIALEAH FL 33013-3515

Mailing Address
3251 EAST 11TH AVE
HIALEAH FL 33013-3515



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/25/1973		3a. Date of Last Report 02/07/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-1497144		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MUI, WAICHIU 780 EAST 39TH STREET HIALEAH, FL. 33013				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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MUI, WIA CHIU			1.2 NAME			
STREET ADDRESS	780 EAST 39TH STREET			1.3 STREET ADDRESS			
CITY - ST - ZIP	HIALEAH FL			1.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CHANG MUY, FERNANDO			2.2 NAME			
STREET ADDRESS	411 EAST RIVO ALTO DR			2.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI BEACH FL			2.4 CITY - ST - ZIP			
TITLE	VPT	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CHIONG, JULIO			3.2 NAME			
STREET ADDRESS	190 WEST 51ST STREET			3.3 STREET ADDRESS			
CITY - ST - ZIP	HIALEAH FL			3.4 CITY - ST - ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	CHIONG WAI HAR			4.2 NAME			
STREET ADDRESS	190 WEAR 51ST STREET			4.3 STREET ADDRESS			
CITY - ST - ZIP	HIALEAH FL			4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97 (305) 836-0571

Date

Daytime Phone #

CR2E034 (9/96)