

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR 17 PM 11:45**

**DOCUMENT # 479853 (4)**

1. Corporation Name  
**WUHAN CHINESE RESTAURANT, INC.**

Principal Place of Business  
**6374 WEST OAKLAND PARK BLVD  
SUNRISE FL 33313**

Mailing Address  
**6374 WEST OAKLAND PARK BLVD  
SUNRISE FL 33313**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**06/30/1975**

3a. Date of Last Report  
**02/18/1994**

4. FEI Number  
**59-1602479**

Applied For  
 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Zip Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent

**GOLDMAN, JEROME  
2401 WEST FLAGLER STREET  
MIAMI FL 33135**

10. Name and Address of New Registered Agent

81. Name  
**AYOUNG-CHEE CONRAD**

82. Street Address (P.O. Box Number is Not Acceptable)  
**6374 W. OAKLAND PARK BLVD**

83. City  
**SUNRISE**

84. FL 85. Zip Code  
**33313**

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]*  
Signature, typed or printed name of registered agent and the backdate.

(NOTE: Registered Agent signature required when reinstating)

DATE  
**4-12-95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>
NAME	<b>AYOUNG-CHEE, CONRAD</b>
STREET ADDRESS	<b>6374 W OAKLAND PARK BLVD</b>
CITY-ST-ZIP	<b>SUNRISE FL</b>
TITLE	<b>ST</b>
NAME	<b>AYOUNG-CHEE, ROSE ANN</b>
STREET ADDRESS	<b>6374 W OAKLAND PARK BLVD</b>
CITY-ST-ZIP	<b>SUNRISE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 110.07(3)(k), 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]* **CONRAD AYOUNG-CHEE** **4-12-95** **805 742 4786**  
Signature and typed on printed name of signing officer or director Date Daytime Phone #