

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

1. Corporation Name
MAN-WAH CORP.

Principal Place of Business	Mailing Address
% GOLDEN CROWN CHINESE RESTAURANT 2410 N FEDERAL HWY HOLLYWOOD FL 33020	% GOLDEN CROWN CHINESE RESTAURANT 2410 N FEDERAL HWY HOLLYWOOD FL 33020



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/15/1976		3a. Date of Last Report 05/01/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1695992		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25		30					

9. Name and Address of Current Registered Agent

SUM, KOWK WAH
2620 COOLIDGE ST
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Nanie

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

83

84	City
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FL

85	Zip Code
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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 _____ and or printed name of registered agent and title and applicable

(NOTE) Registered Agent signature required when reinstating.

“**DATA**

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS	
TITLE	DR

NAME	SUM, KWOK WAH
STREET ADDRESS	2620 COOLIDGE ST
CITY- ST- ZIP	HOLLYWOOD, FL 00000

TITLE	D	<input type="checkbox"/> DELETE
NAME	SUM, WOON CHUN	
STREET ADDRESS	2620 COOLIDGE ST.	
CITY-ST-ZIP	HOLLYWOOD FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2 2 NAME
2 3 STREET ADDRESS
2 4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3. STREET ADDRESS
3.4 CITY-ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5 1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6 1 TITLE ☐ Change ☐ 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 119.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25-April-96 305-921-574

Case

Dealing in Ethics

CR2E034 (12/95)