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

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # F15739

1. Corporation Name
FUNG WONG OF CHICAGO INC

Principal Place of Business
9796 S.W. 8 ST
MIAMI, FL 33174-2902

Mailing Address
SAME

3. Date Incorporated or Qualified: 2-80
3a. Date of Last Report:

2. Principal Place of Business
21: SAME
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25: DADE

2a. Mailing Address
26: SAME
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30: DADE

4. FEI Number: 59-2068176 ☐ 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: ED WIEDER
82 Street Address (P.O. Box Number is Not Acceptable): 325 N. KROME AVE
83
84 City: HOMESTEAD **FL** 85 Zip Code: 33030

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: Ed Wieder — Signature, typed or printed name of registered agent and title of officer if any
ED WIEDER — (NOTE: Registered Agent signature required when reinstating)
DATE: 4-9-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P. DIRECTOR	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BETTY NG		1.2 NAME		
STREET ADDRESS	7237 S.W. 145 ST. CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		1.4 CITY-ST-ZIP		
TITLE	V.P.	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KAM BOO TAM		2.2 NAME		
STREET ADDRESS	9796 S.W. 8 ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33174		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ALLAN NG		3.2 NAME		
STREET ADDRESS	7237 SW 145 ST CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	I	☐ DELETE	4.1 TITLE	300001829559 -05/20/96--01051--015 ***200.00	☐ Change ☐ Addition
NAME	CHRISTINA TAM		4.2 NAME		
STREET ADDRESS	9796 SW 8 ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33174		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 added by amendment with an address.

SIGNATURE: [signature] 4/9/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

Re-submitted 5/1/96