

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 21 1997 8:00am
Secretary of State

DOCUMENT # **F15739**

(8)

1. Corporation Name

FUNG WONG OF CHICAGO, INC.

Principal Place of Business

**9796 SW 8 STREET
MIAMI FL 33174-2902**

Mailing Address

**9796 SW 8 STREET
MIAMI FL 33174-2902**

3. Date Incorporated or Qualified

01/22/1981

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**WIEDER, ED
325 N KROME AVE
HOMESTEAD FL 33030**

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

10. Name and Address of New Registered Agent

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
officer 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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **NG, BETTY**
STREET ADDRESS **7237 SW 145 ST CIRCLE**
CITY-STATE-ZIP **MIAMI, FL 00000**
TITLE **DS**
NAME **NG, ALLAN**
STREET ADDRESS **9796 SW 8 STREET**
CITY-STATE-ZIP **MIAMI FL 33174-2902**
TITLE **VP**
NAME **KAM BOOM TAM**
STREET ADDRESS **9796 SW 8 ST.**
CITY-STATE-ZIP **MIAMI FL**
TITLE **T**
NAME **TAM, CHRISTIAN**
STREET ADDRESS **9796 SW 8 ST.**
CITY-STATE-ZIP **MIAMI FL**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

14. I, the undersigned, 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 or changed, or on an attachment with an address

SIGNATURE:

Kam Boom Tam

KAM BOOM TAM

3/17/97

SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

0236093

CR2E034 (9/96)