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

**PROFIT** CORPORATION ANNUAL REPORT-

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT # G89874   |   |                          |           |                  | 02-10-1999 5   |  |  |
|---|---|--------------------------|-----------|------------------|--|--|--|
| CANTON OF KINGS BAY CHINESE   |   | TAURANT, INC.            |           |                  |  |  |  |
| Principal Place of Business   | М                                       | ailing Address           |           |                  | d till itt kant saren instar in  |  |  |
| 14487 S DIXIE HWY<br>MIAMI FL 33176-7924  | 6661 S. DIXIE HIGHWAY<br>MIAMI FL 33143 |                          |           |                  | DO NOT   |  |  |
|   |   |                          |           |                  | 3. Date incorporated or Qual 02/28/1984  |  |  |
| 2. Principal Place of Business  | 2a                                      | Mailing Address          |           |                  | 4. FEI Number  |  |  |
| 21  | 26                                      |                          |           |                  | 59-2383018   |  |  |
| Suite, Apt. #, etc.   | 27                                      | Suite, Apt. #, etc.      |           |                  | 5. Certifcate of Status Desire   |  |  |
| City & State  |   | City & State             |           |                  | 6. Election Campaign Finance   |  |  |
| 23  | 28                                      |                          |           |                  | Trust Fund Contribution  |  |  |
| Zip Country   |   | Zip                      | Count     | ry               | 8. This corporation owes the   |  |  |
| 24 25   | 29                                      | 30                       | <u> </u>  |                  | Personal Property Tax.   |  |  |
| 9. Name and Address of Current  | Regi                                    | stered Agent             |           | -1               | 10. Name and Address of N  |  |  |
| WIEDER, ED<br>325 NORTH KROME AVENUE  |   | - **                     |           | 1 Nam<br>2 Stree | eet Address (P.O. Box Number is Not Ac   |  |  |
| HOMESTEAD FL 33030  |   | •                        | 8         | 3                |  |  |  |
|   |   |                          | 8         | 4 City           |  |  |  |
| Pursuant to the provisions of Sections 607.0502     office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligations. | f Flori                                 | da. Such change was auth | orized b  | v the co         | ed corporation submits this statement for<br>propration's board of directors. I hereby a |  |  |
| SIGNATURE   |   | 4                        |           |                  | ure required when reinstating)   |  |  |
| Signature, typed or printed name of registered agent  12. OFFICERS ANI  |   |                          | 13.       | jent signatur    | ADDITIONS/CHANGES TO   |  |  |
| TITLE PD  | ואוט כ                                  | DELETE                   | 1.1 TITLE | <del></del>      | 7.55.7.5.7.5   |  |  |
| NAME NG ALLAN   |   | _,                       | 1.2 NAM   |                  |  |  |  |

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**FILED** Feb 16, 1999 8:00am **Secretary of State** 

02-16-1999 90013 027 \*\*\*150.00



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|--|--------------------------|------------------------|-----------------------------------|----------------------|--|--|--|
| DO NOT WRI   | TE IN TH                 | S SPACE                |                                   | ,                    |  |  |  |
| Date Incorporated or Qualifed  |                          |                        |                                   |                      |  |  |  |
| 02/28/1984<br>FEI Number   |                          | . 1                    | Ann                               | lied For             |  |  |  |
| 59-2383018   |                          | -                      | <del>+ · ·</del>                  | Applicable           |  |  |  |
| . Certifcate of Status Desired   | Q                        | • -                    | \$8.75 Additional<br>Fee Required |                      |  |  |  |
| Election Campaign Financing Trust Fund Contribution                      |                          |                        | \$5.00 May Be<br>Added to Fees    |                      |  |  |  |
| This corporation owes the curr<br>Personal Property Tax.                 | ent year li              | ntangible              | .                                 | □No                  |  |  |  |
| Name and Address of New F  | Registered               | Agent                  |                                   |                      |  |  |  |
| •  |                          |                        |                                   |                      |  |  |  |
| P.O. Box Number is Not Accepta   | able)                    |                        |                                   |                      |  |  |  |
|  |                          |                        | 7-15-14<br>7-15-14<br>7-15-14     |                      |  |  |  |
|  | F                        | 85                     | Zip C                             |                      |  |  |  |
| on submits this statement for the<br>locard of directors. I hereby accep | purpose o<br>pt the appo | of changir<br>ointment | ng its r<br>as reg                | egistered<br>istered |  |  |  |
| reinstating)   | DATE                     |                        |                                   |                      |  |  |  |
| ADDITIONS/CHANGES TO OF  | FICERS A                 | ND DIRE                |                                   | RS IN 12             |  |  |  |
|  |                          |                        | ango                              |                      |  |  |  |
|  |                          |                        | ;                                 |                      |  |  |  |
|  |                          | Cha                    | ange                              | Addition             |  |  |  |
|  |                          |                        |                                   |                      |  |  |  |
|  |                          |                        |                                   |                      |  |  |  |
|  |                          | ☐ Ch:                  | ange                              | Addition             |  |  |  |
|  |                          | 12.4                   |                                   |                      |  |  |  |
| ,  | , p 15                   | ☐ Ch                   | ange                              | ' Addition           |  |  |  |
|  |                          |                        |                                   |                      |  |  |  |

CITY-ST-ZIP I 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 with all other like empowered.

6.4 CITY-ST-ZIP

1.3 STREET ADORESS

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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2. 4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

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STREET ADDRESS

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14487 SOUTH DIXIE HWY.

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14487 SOUTH DIXIE HWY.

NGUYEN, PHOUNG

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