

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
BUREAU OF CORPORATIONS

DOCUMENT # **H14028**

(5)

95 MAY -1 AM 8:32

Corporate Name
HOTPIE INCORPORATED

1a. Principal Office Address	1b. Mailing Address
1821 SW 31ST AVE PEMBROKE PARK FL 33009 US	1821 SW 31ST AVE PEMBROKE PARK FL 33009 US

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification 07/17/1984	3a. Date of Last Report 06/21/1994
4. FID Number 59-2697421	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. The corporation has assets for intangible tax under § 218.01, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Office Address	2a. Mailing Address
21	26
3. Date of Incorporation or Qualification	3a. Date of Last Report
22	27
4. FID Number	Applied For / Not Applicable
23	28
5. Certificate of Status Desired	Additional Fee Required
24	29
6. Election Campaign Financing Trust Fund Contribution	May Be Added to Fees
25	30
7. The corporation has assets for intangible tax under § 218.01, Florida Statutes	Yes / No
26	31

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent										
CHUNG, DENNIS 9190 ORCHID TREE LANE PEMBROKE PINES FL 33024	<table border="1"> <tr> <td>B1 Name</td> <td></td> </tr> <tr> <td>B2 Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>B3 City</td> <td></td> </tr> <tr> <td>B4 State</td> <td>FL</td> </tr> <tr> <td>B5 Zip Code</td> <td></td> </tr> </table>	B1 Name		B2 Street Address (P.O. Box Number is Not Acceptable)		B3 City		B4 State	FL	B5 Zip Code	
B1 Name											
B2 Street Address (P.O. Box Number is Not Acceptable)											
B3 City											
B4 State	FL										
B5 Zip Code											

11. I, the undersigned, being a resident of the State of Florida, and being duly qualified to execute this statement for the purpose of changing the registered office of the corporation of which the State of Florida is the home state, do hereby certify that the corporation, except for personal liability, except the appointment of registered agent, is in good standing and is in compliance with the laws of the State of Florida.

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS, DIRECTORS AND AGENTS																																																										
<table border="1"> <tr> <td>NAME</td> <td>DP</td> </tr> <tr> <td>ADDRESS</td> <td>CHUNG, DENNIS</td> </tr> <tr> <td></td> <td>9190 ORCHID TREE LN.</td> </tr> <tr> <td></td> <td>PEMBROKE PINES FL</td> </tr> <tr> <td>NAME</td> <td>ST</td> </tr> <tr> <td>ADDRESS</td> <td>CHUNG, OLIVIA</td> </tr> <tr> <td></td> <td>9190 ORCHID TREE LN</td> </tr> <tr> <td></td> <td>PEMBROKE PINES FL</td> </tr> </table>	NAME	DP	ADDRESS	CHUNG, DENNIS		9190 ORCHID TREE LN.		PEMBROKE PINES FL	NAME	ST	ADDRESS	CHUNG, OLIVIA		9190 ORCHID TREE LN		PEMBROKE PINES FL	<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Address</td> </tr> <tr> <td>ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Address</td> </tr> <tr> <td>ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Address</td> </tr> <tr> <td>ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Address</td> </tr> <tr> <td>ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Address</td> </tr> <tr> <td>ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Address</td> </tr> <tr> <td>ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Address</td> </tr> <tr> <td>ADDRESS</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Address	ADDRESS			NAME		<input type="checkbox"/> Change <input type="checkbox"/> Address	ADDRESS			NAME		<input type="checkbox"/> Change <input type="checkbox"/> Address	ADDRESS			NAME		<input type="checkbox"/> Change <input type="checkbox"/> Address	ADDRESS			NAME		<input type="checkbox"/> Change <input type="checkbox"/> Address	ADDRESS			NAME		<input type="checkbox"/> Change <input type="checkbox"/> Address	ADDRESS			NAME		<input type="checkbox"/> Change <input type="checkbox"/> Address	ADDRESS		
NAME	DP																																																										
ADDRESS	CHUNG, DENNIS																																																										
	9190 ORCHID TREE LN.																																																										
	PEMBROKE PINES FL																																																										
NAME	ST																																																										
ADDRESS	CHUNG, OLIVIA																																																										
	9190 ORCHID TREE LN																																																										
	PEMBROKE PINES FL																																																										
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Address																																																									
ADDRESS																																																											
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Address																																																									
ADDRESS																																																											
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Address																																																									
ADDRESS																																																											
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Address																																																									
ADDRESS																																																											
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Address																																																									
ADDRESS																																																											
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Address																																																									
ADDRESS																																																											
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Address																																																									
ADDRESS																																																											

REMITTED BY MAY 1

14. I, the undersigned, certify that the information supplied with this report is accurately furnished and does not require for this company to be listed as inactive under section 218.01, Florida Statutes. I further certify that the information is provided in this annual report or supplemental annual report in true and correct faith and that my signature shall be in the same legal effect as if made in person. That I am an officer or director of the corporation or the person or persons empowered to execute this report as required by chapter 218, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.

SIGNATURE: DENNIS CHUNG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 10 1995
305 966 9141