

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 # **K09999** (9)

1. Corporation Name
CHINESE COMBO KING-OMNI, INC.



Principal Place of Business: **1601 BISCAYNE BLVD. #227 MIAMI FL 33132**
Mailing Address: **1601 BISCAYNE BLVD #227 975-41ST ST MIAMI FL 33132 US**

3. Date Incorporated or Qualified: **01/01/1988**
3a. Date of Last Report: **03/21/1995**

21	2a	4.	Applied For
1601 BISCAYNE BLVD	1601 BISCAYNE BLVD	FEI Number: 65-0022163	Not Applicable
22	27	5.	\$8.75 Additional Fee Required
#227	#227	Certificate of Status Desired	<input type="checkbox"/>
23	28	6.	\$5.00 May Be Added to Fees
MIAMI FL.	MIAMI FL.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	25	29	30
33132	U.S.A.	33132	U.S.A.

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**LINN STEVEN S. C.
1601 BISCAYNE BLVD #227
MIAMI FL 33132**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIN, STEVEN S.C.	1.2 NAME	
STREET ADDRESS	1601 BISCAYNE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIN, STEVEN S.C.	2.2 NAME	
STREET ADDRESS	1601 BISCAYNE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIN, SHING CHING	3.2 NAME	
STREET ADDRESS	1601 BISCAYNE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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] 305-577-4425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)