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

PROFIT CORPORATION ANNUAL REPORT



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

1996

1. Corporation	MENT # K20500 PALACE RESTAURANT, INC	(0)			)		DII DUDII DABII DABAA DUBII KADI
Principal Place	of Business	Mailing Address					
4579 NW 36T MIAMI SPRIN	4579 NW 36TH ST. MIAMI SPRINGS FL 33	3166					
					3. Date Incorporated or Qualified	1	e of Last Report
1 Discissi Dis	2. Principal Place of Business 2a. Mailing Address				<b>04/07/1988 4.</b> FEI Number		05/01/1995
2. FIINODAIFIAI 1	ce or business	26 Mailing Address			65-0062351		Applied For Not Applicable
Suite, Apt. #	, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional
2		27			· · · · · · · · · · · · · · · · · · ·		Fee Required
City & State City & State					Election Campaign Financing     Trust Fund Contribution	m	<b>\$5.00</b> May Be
Z <sub>E</sub> p	Country	7(p)	Countr		8. This corporation has liability for		Added to Fees
וֹ וֹ	25	29	30		Florida Statutes Yes		ax onder a 189.032,
	9. Name and Address of Current F	Registered Agent			10. Name and Address of New	Registered	Agent
			81	Name			
NORMA SENG			82	Street Add	ress (P.O. Box Number is Not Accepta	bie)	
14260 S - #202	W 57 LANE		83				
- #202 - Miami Fi	33183			<u> </u>			
	2 00 100		84	City		FL	85 Zip Code
SIGNATURE	egral in typed or protection is alread three a year and OFFICE RS AND (		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	d Sognit of the pare	ADDITIONS/CHANGES TO OF		D DIRECTORS IN 12 Change
NAME	SENG, NORMA		1 1 111LE 1 2 NAME				Change Addition
TREET ADDRESS	14260 S.W. 57TH LANE 202			LADORESS			
CITY-ST-ZIP	MIAMI FL		1.4 City -				
ıT.€	V	☐ DELETE	2 1 TITLE				Change Addition
IAME	SENG, JOSE		2.2 NAME				
TREET ADDRESS	14325 S.W. 57TH LANE #12 MIAMI FL			I ADDRESS			
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IFLE :		T) DELETE	6 1 THE 62 NAME				Change Addition
THEET ADDRESS			4	' ADDRESS			
CITY-ST-ZIP			5.4 CHTY :				
certify that oath; that I	certify that the information supplied with the information indicated on this annual am an officer or director of the corporat Block 12 or Block 13 if changed, or or or	report or supplemental of a ion or the receiver or thiste	nished and doe lual report is tr e empowered	s not qualify f	ate and that my signature shall have the	earna lacal	offeet as if made under
SIGNATI	URE: SIGNATURE AND TYPED OF	NATED NAME OF SIGNING OFFICE	ER OF DUTY TOR	 	4/25/96		vaytinke Pt Lore V