Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

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 # K20500

1. Corporation Name

CHINA PALACE RESTAURANT, INC.

Country

9. Name and Address of Current Registered Agent

25

Principal Place of Business
4579 NW 36TH ST.
MIAMI SPRINGS FL 33166

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

4579 NW 36TH ST. MIAMI SPRINGS FL 33166

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

27

28

29

Zip

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90093 030 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

Personal Property Tax.

Election Campaign Financing Trust Fund Contribution

This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

04/07/1988

<u>65-0062351</u>

FEI Number

NORMA SENG 14260 SW 57 LANE			2 Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33183					[a= +:	
		84	City	FL	85 Zi	p Code
office or registered agent, o	of Sections 607.0502 and 607.1508, Florida Statutes, the both, in the State of Florida. Such change was authored accept the obligations of, Section 607.0505, Florida	ized by	the con	d corporation submits this statement for the purpose of poration's board of directors. I hereby accept the appoin	changing Itment as	its registered registered
SIGNATURE	AVOTE Power	tored Ages	4 aign ature	required when reinstating) DATE		
Signature, typed or print		13.	t signature	ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	TORS IN 12
TITLE DP	3111021107410	1.1 TITLE		ABBITIONS OF A STATE O	Chang	
	_	1.2 NAME			_	
	OLIVO, NOTAIIA		ADDRESS			
	14200 0.11. 07 111 2 112 202					}
CITY-ST-ZIP MIAMI FL TITLE V		1.4 CITY-S' 2.1 TITLE	1-ZIP		Chang	e Addition
,		2.2 NAME				_
NAME SENG, JOSE		2.3 STREET	AUDDES			{
1 1 1 1 1 1		2.4 CiTY-S		*		
TITLE T		2. 4 ON 1-3 3.1 TITLE	1-21		Chang	je 🔲 Addition
NAME SENG, EMILIO		3.2 NAME				
STREET ADDRESS 14260 S.W. 5		3.3 STREET	ADDRESS	s		
CITY-ST-ZIP MIAMI FL		3.4. CITY-S				
TITLE S		4.1 TITLE	1-21		Chang	e 🔲 Addition
NAME SENG, MARTI		4. 2 NAME				
STREET ADDRESS 14620 SW 57		4.3 STREE	ADDRES	s		
CITY-ST-ZIP MIAMI FL		4.4 CITY-S				
TITLE		5.1 TITLE			Chang	e Addition
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET	ADORES	s		
CITY-ST-ZIP		5.4 CITY-S	T-ZIP			
TITLE	☐ DELETE	6.1 TITLE	-		☐ Chanç	je Addition
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREE	ADDRES	s		
CITY-ST-ZIP		6.4 CITY-S	T-ZIP			
14 I hereby certify that the info	rmation supplied with this filing does not qualify for the	exempt	on state	ed in Section 119.07(3)(i), Florida Statutes. I further centrature shall have the same legal effect as if made under	tify that th	e information

Country

81 Name

30

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR