

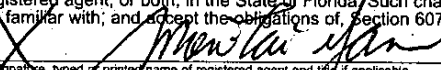


FILED
Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90057 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		Jan 29, 1999 8:00am Secretary of State	
DOCUMENT # L10476 1. Corporation Name BAMBOO TAKE OUT, DELIVERY & CATERING, INC.						01-29-1999 90057 047 ***150.00	
						DO NOT WRITE IN THIS SPACE	
Principal Place of Business %MAN WA YEUNG 1228 NE 163RD ST. NORTH MIAMI BEACH FL 33162				Mailing Address %MAN WA YEUNG 1228 NE 163RD ST. NORTH MIAMI BEACH FL 33162			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number	
21		26		08/18/1989		65-0146038	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Applied For	
22		27		6. Election Campaign Financing		Not Applicable	
City & State		City & State		Trust Fund Contribution		\$8.75 Additional Fee Required	
23		28		8. This corporation owes the current year Intangible		\$5.00 May Be Added to Fees	
Zip		Zip		Personal Property Tax.		Yes No	
24		29		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Country		Country		81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
25		30		83		84 City	
YEUNG, MAN WA 1228 NE 163RD STREET NORTH MIAMI BEACH FL 33162				FL		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 1-1-99.							
12. OFFICERS AND DIRECTORS							
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
1. TITLE				1.1 TITLE			
NAME				1.2 NAME			
STREET ADDRESS				1.3 STREET ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
2. TITLE				2.1 TITLE			
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
3. TITLE				3.1 TITLE			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
4. TITLE				4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
5. TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
6. TITLE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

SIGNATURE: [Signature] Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

CR2E034-(11/98)