

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Aug 05 1996 8:00 am  
Secretary of State

DOCUMENT # M38017 (3)

1. Corporation Name

ASIAN EXPERIENCE RESTAURANTS, INC.

Principal Place of Business

Mailing Address

4506-4520 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33021

4506-4520 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified

09/08/1986

3a. Date of Last Report

02/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2734717

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

YIN MAK, GARY  
4508 HOLLYWOOD BOULEVARD  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME TAM, PAUL P.F.  
STREET ADDRESS 4508-4520 HOLLYWOOD BLVD  
CITY-ST-ZIP HOLLYWOOD FL

☒ DELETE

TITLE CT  
NAME MUH. FU  
STREET ADDRESS 710 17TH AVE #3  
CITY-ST-ZIP HOLLYWOOD FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

11 TITLE PD  
12 NAME GARY MAK  
13 STREET ADDRESS 4508 HOLLYWOOD BLVD  
14 CITY-ST-ZIP HOLLYWOOD, FL 33021

15

21 TITLE  
22 NAME  
23 STREET ADDRESS

24 CITY-ST-ZIP

25

31 TITLE  
32 NAME  
33 STREET ADDRESS

34 CITY-ST-ZIP

35

41 TITLE  
42 NAME  
43 STREET ADDRESS

44 CITY-ST-ZIP

45

51 TITLE  
52 NAME  
53 STREET ADDRESS

54 CITY-ST-ZIP

55

61 TITLE  
62 NAME  
63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Gary Mak*

GARY MAK/ PD

(305)961-5454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR