## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Block 12 or Block 13 if changed, or on an attachment with an address.

SL HUANG

SIGNATURE:

Mar 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8) M57541 **NEW MARKET RESTAURANTS, INC.** Principal Place of Business Mailing Address 12705 NORTHWEST 42ND AVENUE 12705 NORTHWEST 42ND AVENUE MIAMI FL 33054 MIAMI FL 33054 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/18/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0573182 Not Applicable Suite, Apt. #, etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MILLER, SCOTT 12705 NW 42 AVE. 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33054 83 84 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, typed or printed name of regetered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE HUANG, S. L. NAME 1.2 NAME 12705 NW 42ND AVE. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33054 CITY - ST - ZIP 1.4 CITY - S1 - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY - \$1 - ZIP CITY-ST-ZIF DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP ☐ Change Addition TITLE DELETE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition 000002454910 NAME 5.2 NAME -03/12/98--01017--026 STREET ADDRESS 5.3 STREET ADDRESS \*\*\*158.75 CITY - ST- ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 THLE Change 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-7IP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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

**FILED** 

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