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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M83679

(4)

NEW CHINA RESTAURANT, INC.

Principal Place of Business Mailing Address % MAI LE AUYEUNG % MAI LE AUYEUNG 646 ELMWOOD DR. 646 ELMWOOD DR. WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708-2108 3. Date Incorporated or Qualified 3a. Date of Last Report 05/31/1988 03/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2896673 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes D No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name auyeung. Mai le 646 ELMWOOD DR. 82 Street Address (P.O. Box Number is Not Acceptable) WINTER SPRINGS FL 32708 83 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 prioteo came of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition DELETE THILE 1.1 TITLE Change AUYEUNG, WING CHEONG NAME 1.2 NAME 646 ELMWOOD DR. STREET ADDRESS 1.3 STREET ADDRESS WINTER SPRINGS FL CITY-ST-7P 1.4 CITY - ST - ZIP DELETE 1010F 21 1/116 Change ___ Addition AUYEUNG, MAI LE NAME 2.2 NAME 646 ELMWOOD DR. STREET ADDRESS 2.3 STREET ADDRESS WINTER SPRINGS FL CITY-ST-7/P 2. 4 CITY - ST- ZIP DELETE FILE Change 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. City-St-ZiP DELETE TITLE 4.1 TITLE Change ___ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-SI-ZIP 4.4 CITY-ST-ZIP DELETE TABLE 51 TITLE Change Addition NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE B.1 TITLE Change Addition NAME 6.2 NAME

information indicated 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

14. I do hereby 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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADORESS

CITY - \$1 - 21F

May / D/ CHILLE OF SIGNING OFFICER OF DIRECTOR

1/10/96

830-7228

FILED

Feb 12 1997 8:00am

Secretary of State