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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

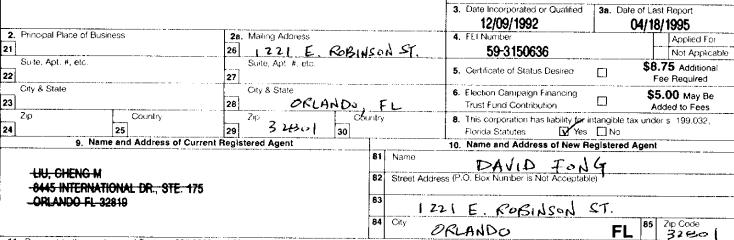
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WOK 'N ROLL MERCADO, INC.

Principal Place of Business	
8445 INTERNATIONAL DR., STE. 175 ORLANDO FL 32819	

Mailing Address

8445 INTERNATIONAL DR., STE: 175 ORLANDO FL 82819



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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 4/19/96 Signal doubtened be pended name of respectively as a state of apply as in DATE CR2E034 (12/95) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE DP 1 1 THE ☐ Change ☐ Addition NAME LIU, CHENG M 1.2 NAME 8445 INTERNATINAL DR., STE. 175 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 14 CITY - 51 - 7-P TITLE DS DELETE 2.1 T-TLF ☐ Change Addition NAME LIU. TUN M 2.2 NAME STREET ADDRESS 8445 INTERNATIONAL DR., STE. 175 2.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 2.4 CHY+S1+2IP DELETE TITLE 3 1 THTLE ☐ Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ASDRESS CITY-S1-ZIP 3.4 CITY - ST - ZIP TITLE DELETE 4.1 DILE Change ■ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 C!TY - ST - ZiP THEF DELETE 5 1 THE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE T DELETE 6 1 TITLE Addition Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. If do hereby certify that the information supplied with this fing 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 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 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayton Phone #