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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000010262

1. Corporation Name

WOK 'N ROLL MERCADO, INC.

ORLANDO FL

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

Principal Place	e of Business	ailing Address									
8445 INTERNAT ORLANDO FL 3	IONAL DR., STE. 175 2819 .		E ROBINSON ST ANDO FL 32801					DO NOT WRI	TE IN THIS S	SPACE	
1		03					3	Date Incorporated or Qualifed			
)							"	12/09/1992			
2 Déceinel D	lane of Punioped	20	Mailing Address				1	FEI Number		T An	plied For
2. Principal Place of Business			26				-	59-3150636			t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.						\$8.75 Additional		
			27				5.	Certifcate of Status Desired	Fee Required		
22 City & State	0		City & State					Election Campaign Financing		=\$5:00	May Be
⊢ '		28					ا ا	Trust Fund Contribution			to Fees
Zip	Country		Zip	Cou	intry		-	This corporation owes the curr	ent vear Inta	$-\!$	
24	[25]	29		30			"	Personal Property Tax.		Yes	□No
9. Name and Address of Current Registered Agent					1		10	Name and Address of New F	Registered A	gent	
				•	81	Name					
DAVID FONG 1221 E. ROBINSON ST 82 Street Address (P.O. Box Number is Not Acceptable)											
					82	Street Addre	Address (P.O. dox number is not acceptable)				
ORL	ANDO FL 32801										
					84	City			FL	· · · ·	Code
l office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida	a. Such change was a	authorize	d by	the corporatio	oratio n's b	n submits this statement for the oard of directors. I hereby accep	purpose of on the purpoin	changing its tment as re	registered gistered
SIGNATURE	<u> </u>								DATE		
	Signature, typed or printed name of registered age		· · · · · · · · · · · · · · · · · · ·		Agen	t signature required		ADDITIONS/CHANGES TO OF		DIPECTO	DS IN 12
12.	OFFICERS AN	אט אואבנ	DELETE	13. 1.1 T	n F	1		ADDITIONS/CHANGES TO OF	IUCINO ANI	Change	Addition
TITLE				1.1 to		1					_
NAME	LIU, CHENG M	475									
STREET ADDRESS	8445 INTERNATINAL DR., STE	. 1/5				ADDRESS					
CITY-ST-ZIP	ORLANDO FL		□ DELETE	_	TY-S1	r-ZIP				Change	Addition
TITLE	DS		☐ DELETE	2.1 ∏							
NAME	LIU, TUN M			2.2 N							
STREET ADDRESS	8445 International Dr., St	E. 175		2.3 S	TREET	ADDRESS					

2. 4 CITY-ST-ZIF

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

3.1.TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

□.DELETE

☐ DELETE

☐ DELETE

DELETE

CITY-ST-ZIP 14. I 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 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #

Change

☐ Change

☐ Change

Change

Addition

Addition

☐ Addition

Addition