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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 29 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000014299 (1)

TERIYAKI TEMPLE OF HARBORPLACE, INC.

Principal Place of Business 1957 71 ST MIAMI BEACH FL 33141		Mailing Address 1957 71 ST MIAMI BEACH FL 33141-4415 US			
• • • •				3. Date Incorporated or Qualified 12/21/1992	3a. Date of Last Report 05/01/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		52-1815794	Not Applicable
Sulte, Apt.	. #, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30	Florida Statutes 10. Name and Address of New Re	Yes No
VE)	9. Name and Address of Curre	ent Hegistered Agent	81 Name	10. Name and Address of New Re	Bisteled Wilder
	JNG, HING Y 7 71 ST				
	MI BEACH FL 33141		82 Street Ac	ddress (P.O. Box Number is Not Acceptab	ole)
19905	mi peron i a comi		83		
			84 City		85 Zip Code
				orporation submits this statement for the p	
agent. i a	am familiar with, and accept the obli-	igations of, Section 607.0505, F	lorida Statutes. DE Registered Agent signature re 13.	outed when refusaling) ADDITIONS/CHANGES TO OFFICE	DATE
TITLE	D	DFLETE	11 TILLE		Change Addition
NAME	YEUNG, HOI S		1.2 NAME		
STREET ADDRESS	1957 71 ST.		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	DELETE	1 4 C/TY - ST - 7/P		Change Addition
TITLE NAME		Dett it	21 TITLE 22 NAME		Li onange Li Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 C·TY - ST - ZIP		
TITLE		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		T progra	3 4. CITY - ST - ZIP		Channe
TITLE		L DELETE	4 1 117LE		Change Addition
NAME			4 2 NAME 4 3 STBCET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			4.4 CHY-S1-ZIP		
TITLE			4.4 GITT- 31- 21		
NAME		DELETE	5.1 TITLE		Change Addition
STREET ADDRESS	I	DELETE	5.1 TITLE 5.2 NAME		Change Addition
1		DELETE			Change Addition
CITY-ST-ZIP		DELETE	5.2 NAME		Change Addition

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 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 trusted 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.