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**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P93000015890 (5)

1. Corporation Name

CHINA GARDEN WEST DOWNTOWN, INC.



Principal Place of Business

**531 FLEMING STREET
KEY WEST FL 33040
US**

Mailing Address

**531 FLEMING STREET
KEY WEST FL 33040
US**

3. Date Incorporated or Qualified
03/02/1993

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

21 **531 Fleming St.**

2a. Mailing Address

26

Suite, Apt. #, etc.

22 **Key West**

Suite, Apt. #, etc.

27

City & State

City & State

23

28

Zip

24 **33040**

Country

25 **Monroe**

Zip

29

30

9. Name and Address of Current Registered Agent

**TOMITA, KENNETH
833 EISENHOWER
SUITE 102
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 of Registered Agent (Required when registering)

Signature of Registered Agent (Required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME **D TOMITA, K.**
STREET ADDRESS **833 EISENHOWER DRIVE**
CITY-STATE-ZIP **KEY WEST FL**

1.2 TITLE ☐ DELETE

NAME **ST CHENG, NGAN**
STREET ADDRESS **3327 RIVIERA DR.**
CITY-STATE-ZIP **KEY WEST FL 33040**

1.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.7 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing 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 oath. That I am an officer or director of the corporation or the receiver or trustee or 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96

305-246-6177

Date: Emitter's Phone #

CR2E034 (12/95)