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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000015890

CHINA GARDEN WEST DOWNTOWN, INC.

Principal Place of Business Mailing Address				1 10011001 110 10101 11111 00111 00111	981)1 88481 IESSI 81191 IDIII	# (#I() ##) (##(
531 FLEMING		531 FLEMING STREET				
KEY WEST FL 33040		KEY WEST FL 33040		DO NOT WRITE	IN THE SPACE	
US		US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
	<i>,</i> ·			03/02/1993		
2. Principal P	lace of Business	2a. Mailing Address	1	4. FEI Number	<u> </u>	pplied For
21 San	nes As Abover		Bove	58-2059378		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	¥	Additional equired
City & Stat	te	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 owes the current		
24	25	29 30	0	Personal Property Tax.	☐ Yes	΄o
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Re	gistered Agent	
TOM	IITA PCMAICTL	•	81 Name			
TOMITA, KENNETH 833 EISENHOWER		82 Street Add	dress (P.O. Box Number is Not Acceptable	e)	42. (
SUIT	TE 102		83			
KEY	WEST FL 33040				1-1-	
	1		84 City		FL 85 Zip	Code
l office or r	registered agent, or both, in the State)2 and 607.1508, Florida Statutes, of Florida, Such change was auth	the above-named con orized by the corpora	rporation submits this statement for the pution's board of directors. I hereby accept to	urpose of changing its	s registered egistered
agent. I a	Im familiar with, and accept the obligation of registered ager	ations of Section 607.0505, Florida	a Statutes. ogistered Agent signature requi		DATE	
, ,	Signature typed or printed name of registered agei	ations of Section 607.0505, Florida	a Statutes.		DATE	
SIGNATURE	Signature typed or printed name of registered agei	ations of, Section 607.0505, Florida int and title if applicable. (NOTE: Re	a Statutes. ogistered Agent signature requi	red when reinstating)	DATE	
SIGNATURE	Signature typed or printed name of registered ager OFFICERS AN	nt and title 11 applicable. (NOTE: Re	a Statutes. gistered Agent signature requi	red when reinstating)	DATE CERS AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	Signature typed or printed name of registered age OFFICERS AN	nt and title 11 applicable. (NOTE: Re	a Statutes. pgistered Agent signature requi 13. 1.1 TITLE	red when reinstating)	DATE CERS AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature typed or printed name of registered agei OFFICERS AN TOMITA, K.	nt and title 11 applicable. (NOTE: Re	a Statutes. a Statutes. 13. 1.1 TITLE 1.2 NAME	red when reinstating)	DATE CERS AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature typed or printed name of registered ages OFFICERS AN TOMITA, K. 833 EISENHOWER DRIVE	nt and title 11 applicable. (NOTE: Re	a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating)	DATE CERS AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature typed or printed name of registered again OFFICERS AN D TOMITA, K. 833 EISENHOWER DRIVE KEY WEST FL ST	nt and title if applicable. (NOTE: Re ND DIRECTORS	a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	red when reinstating)	DATE CERS AND DIRECTO ☐ Change	DRS IN 12
SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature typed or printed name of registered again OFFICERS AN D TOMITA, K. 833 EISENHOWER DRIVE KEY WEST FL ST CHENG, NGAN	nt and title if applicable. (NOTE: Re ND DIRECTORS	a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	red when reinstating)	DATE CERS AND DIRECTO ☐ Change	DRS IN 12
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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 opporation 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 or an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

305

FILED

Jan 20, 1999 8:00am

Secretary of State

01-20-1999 90007 044 ***158.75

Addition

Change