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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 1. Corporation Name P93000026026

GOLDEN BOWL, INC.

Principal Place of Business	Mailing Address	
14690 S.W. 51ST ST. -MIAMI_FL.33175	14690 S.W. 51ST ST. MAMI FL.33175	 

## **FILED** Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90058 039 \*\*\*150.00



14690 S.W. 518 MIAMI FL 3317	90 S.W. 51ST ST. 14690 S.W. 51ST ST. MI_FL_33175MIAMI_FL_33175			DO NOT WRITE IN THIS SPACE						
						3. Date Incorporated or Qualifed 04/08/1993	7110 01 7102			
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	1	Applied For					
21	26					65-0404458		Not Applicable		
Suite, Apt.	pt. #, etc. Suite, Apt. #, etc.			5. Certifcate of Status Desired	•	Additional				
22	27			5. Solubers of States 1750	Fee	Required				
City & State	9	City & State				6. Election Campaign Financing	•	May Be		
23	·	28				Trust Fund Contribution	Adde	to Fees		
Zip	Country 25	Zip 3	Coun 30	try		This corporation owes the current year     Personal Property Tax.	☐ Yes	No		
	9. Name and Address of Current					10. Name and Address of New Registe	red Agent			
	111,731,16,16,16	All the fields	'	81	Name			ļ		
GOL 1469	N, CHAN P 0 S.W. 51ST ST.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		::		
MIAN	MI FL 33175		[F	83		10.70世紀末日初日				
			1	84	City			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, typed or printed name of registered agent is	and title if applicable. (NOTE: F	Registered A	gent	signature required	when reinstating) , 100 AT	E			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	S AND DIRECT			
TITLE	P	☐ DELETE	1.1 1111.	Æ		65-5464-56	Change	e ☐ Addition {		
NAME	SUEN, CHAN P		1.2 NAM	Æ	•					
STREET ADDRESS	14690 S.W. 51ST ST.		1.3 STR	EET/	ADDRESS	••		ļ		
CITY-ST-ZIP	MIAMI FL 33175		1.4 CfT	Y-ST-	-ZIP					
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NAME			2.2 NAN	ΛE		•				
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NAME:			3.2 NAA	Æ.						
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TITLE		DELETE	5.1 TITL		<u> </u>		☐ Chang	e 🔲 Addition		
NAME		•	5.2 NAM	ΜE		. 일반 역사학교				
STREET ADDRESS			5.3 STR	REET	ADDRESS					
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CITY-ST-ZIP	l		V.7 011	. 51			e cortifu that th	1.6		

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati 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 orgoration 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 on an attachment with an address, with all other like empowered.