## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P93000045450 (2) **DOCUMENT #**  Corporation Name ASIA FINE FOODS, INC. Principal Place of Business Mailing Address 9135 LITTLE ROAD 9135 LITTLE ROAD **NEW PORT RICHEY FL 34654 NEW PORT RICHEY FL 34654** 3. Date incorporated or Qualified 3a. Date of Last Report 06/28/1993 05/31/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3189212 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Zια Country Country 8. This corporation has liability for intangible tax under s 199.032. Florida Statutes Yes ☐ No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LY, CHOU H Street Address (P.O. Box Number is Not Acceptable) 82 9135 LITTLE ROAD **NEW PORT RICHEY FL 34654** 83 84 City Zip Code 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. Thereby accept the appointment as registered agent. Lain familiar with, and accept the abligations of, Section 607.0505. Florida Statutes. SIGNATURE. (William Regulated Agrick signature required when recistating 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 D TITLE DELETE TILL BOLE ☑ Change ☐ Addition LY, CHOU H NAME 1.2 NAME 6447 BUTTERNUT DRIVE 7350 NOVA SCOTIA DRIVE STREET ADDRESS 1.3 STREET ADDRESS LAKELAND FL 33813 CITY-ST-ZIP PORT RICHEY, FL 34668 1.4 CITY - ST - ZIP TITLE DELETE 2 1 TH. F Change Add-tion NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 City - ST - ZiP THLE DELETE 3 Tilté [1] Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STHEET ADDRESS CITY - ST - ZIP 3.4 CITY - ST-7IP TITLE DELFTE 4-1161E [ ] Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELFTE 5 1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY+S1+ZIP TITLE DELETE 6 I TIFLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this firing 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 marle under oath; that I am an officer or director of the corporation or the receiver or trustee employeed to execute this report as required by Chapter 607, Florida Statutes, and that my name. appears in Block 12 or Block 13 if changed, o n an attagigment with an address.

6.4 CITY - \$1 - ZIP

SIGNATURE:

CITY-ST-ZIP

200the SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2-19-96 813-860-5403

CR2E034 (12/95)