FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:33

DOCUMENT # P93000055197 (6)

1. Corporation Name
FAT DAR, INC.

Principal Place of Business	Mailing Address
~~237 SW 12 ST~~ ~~SUITE 1~~ ~~MIAMI FL 33130~~	~~237 SW 12 ST~~ ~~SUITE 1~~ ~~MIAMI FL 33130~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/06/1993
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business	2a. Mailing Address
21 824 SW 8 STREET	26 824 SW 8 STREET
22 Suite, Apt. #, etc. MIAMI, FLORIDA	27 Suite, Apt. #, etc. MIAMI, FLORIDA
23 City & State	28 City & State
24 Zip 33130 25 Country DADE	29 Zip 33130 30 Country DADE

4. FEI Number: 65-0428812 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LU, CHUN J 824 SW 8 ST MIAMI FL 33130	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 _____ DATE
Signature, Typed or Printed Name of Registered Agent and Title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	LU, CHUN J	12 NAME	
STREET ADDRESS	~~237 SW 12 ST SUITE 1~~	13 STREET ADDRESS	1426 SW 15 STREET
CITY ST ZIP	~~MIAMI FL 33130~~	14 CITY ST ZIP	MIAMI, FL 33145
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	CHION, CHEN M	22 NAME	
STREET ADDRESS	~~237 SW 12 ST SUITE 1~~	23 STREET ADDRESS	1426 SW 15 STREET
CITY ST ZIP	~~MIAMI FL 33130~~	24 CITY ST ZIP	MIAMI, FL 33145
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST 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)(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 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.

SIGNATURE: x Lu Chun Jr, PRESIDENT 3/29/95 305-858-8743.
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0127346 CP