

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 8:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000069832 (2)

1. Corporation Name

CHINA MOON CHINESE RESTAURANT, INC.

Principal Place of Business

**884 E. OAKLAND PARK BLVD.
OAKLAND PARK FL 33334**

Mailing Address

**884 E. OAKLAND PARK BLVD.
OAKLAND PARK FL 33334**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/29/1993

3a. Date of Last Report

02/22/1994

2. Principal Place of Business

21 884 E. OAKLAND PARK BLVD

2a. Mailing Address

26 884 E. OAKLAND PARK BLVD

4. FEI Number

65-0441438

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fees Required**

City & State

23 OAKLAND PARK, FL

City & State

28 OAKLAND PARK, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

24 33334

25 Broward

Zip

Country

29 33334

30 Broward

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

**QUACH, DUC VINH
884 E. OAKLAND PARK BLVD.
OAKLAND PARK FL 33334**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **QUACH, DUC VINH**
STREET ADDRESS **884 E. OAKLAND PARK BLVD.**
CITY - ST - ZIP **OAKLAND PARK FL 3334**

TITLE **D**
NAME **DIEP, MAI**
STREET ADDRESS **884 E. OAKLAND PARK BLVD.**
CITY - ST - ZIP **OAKLAND PARK FL 3334**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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 110.07(3)(b), 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:

QUACH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-95 (305) 563-6896
Date Signature