

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P93000069832 (2)**

1. Corporation Name

**CHINA MOON CHINESE RESTAURANT, INC.**



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified **09/29/1993** 3a. Date of Last Report **04/18/1995**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0441438** 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

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

81 Name **PHAM, LAM THI**  
82 Street Address (P.O. Box Number is Not Acceptable) **884 E OAKLAND PARK BLVD.**  
83  
84 City **OAKLAND PARK FL** 85 Zip Code **33334**

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

*Lam Thi Pham*

Date of Registration

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>D</b>
NAME	<b>QUACH, DUC VINH</b>	1.2 NAME	<b>DAO, THI NHUNG</b>
STREET ADDRESS	<b>884 E. OAKLAND PARK BLVD.</b>	1.3 STREET ADDRESS	<b>884 E OAKLAND PARK BLVD.</b>
CITY - ST - ZIP	<b>OAKLAND PARK FL 3334</b>	1.4 CITY - ST - ZIP	<b>OAKLAND PARK FL 33334</b>
TITLE	<b>D</b>	2.1 TITLE	<b>D</b>
NAME	<b>DIEP, MAI</b>	2.2 NAME	<b>PHAM, LAM THI</b>
STREET ADDRESS	<b>884 E. OAKLAND PARK BLVD.</b>	2.3 STREET ADDRESS	<b>884 E OAKLAND PARK BLVD.</b>
CITY - ST - ZIP	<b>OAKLAND PARK FL 3334</b>	2.4 CITY - ST - ZIP	<b>OAKLAND PARK FL 33334</b>
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

1.5 TITLE		1.5 CHANGE	<input checked="" type="checkbox"/>	ADDITION	<input type="checkbox"/>
1.6 NAME		1.6 CHANGE	<input type="checkbox"/>	ADDITION	<input type="checkbox"/>
1.7 STREET ADDRESS		1.7 CHANGE	<input type="checkbox"/>	ADDITION	<input type="checkbox"/>
1.8 CITY - ST - ZIP		1.8 CHANGE	<input type="checkbox"/>	ADDITION	<input type="checkbox"/>
1.9 TITLE		1.9 CHANGE	<input type="checkbox"/>	ADDITION	<input type="checkbox"/>
1.10 NAME		1.10 CHANGE	<input type="checkbox"/>	ADDITION	<input type="checkbox"/>
1.11 STREET ADDRESS		1.11 CHANGE	<input type="checkbox"/>	ADDITION	<input type="checkbox"/>
1.12 CITY - ST - ZIP		1.12 CHANGE	<input type="checkbox"/>	ADDITION	<input type="checkbox"/>
1.13 TITLE		1.13 CHANGE	<input type="checkbox"/>	ADDITION	<input type="checkbox"/>
1.14 NAME		1.14 CHANGE	<input type="checkbox"/>	ADDITION	<input type="checkbox"/>
1.15 STREET ADDRESS		1.15 CHANGE	<input type="checkbox"/>	ADDITION	<input type="checkbox"/>
1.16 CITY - ST - ZIP		1.16 CHANGE	<input type="checkbox"/>	ADDITION	<input type="checkbox"/>

**800001798858  
-04/29/96--01062--015  
\*\*\*200.00**

*LT*  
**4-29-96**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: *Lam Thi Pham* PHAM LAM THI

4-10-96 (954) 563-6896  
Date of Filing

CR2E034 (12/95)