

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

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

Mailing Address

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/29/1993

3a. Date of Last Report

04/18/1995

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

10. Name and Address of New Registered Agent

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

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

(Signature typed or printed name of registered agent and the corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
DIEP, MAI
884 E. OAKLAND PARK BLVD.
OAKLAND PARK FL 33334**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

**D
DAO, THI NHUNG
884 E OAKLAND PARK BLVD.
OAKLAND PARK FL 33334**

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

**D
PHAM, LAM THI
884 E OAKLAND PARK BLVD.
OAKLAND PARK FL 33334**

☒ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

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**

(954) 563-6896
Daytime Phone #

CR2E034 (12/95)