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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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 33334-2729 US**

3. Date Incorporated or Qualified: **09/29/1993**

3a. Date of Last Report: **04/28/1996**

4. FEI Number: **65-0441438**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 Zip Country

25 Country

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 Zip Country

30 Country

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code: **FL**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	QUACH, DUC VINH	
STREET ADDRESS	884 E. OAKLAND PARK BLVD.	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DIEP, MAI	
STREET ADDRESS	884 E. OAKLAND PARK BLVD.	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAO, THI NHUNG	
STREET ADDRESS	884 E. OAKLAND PARK BLVD.	
CITY-ST-ZIP	OAKLAND PARK BLVD. FL 33334	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PHAM, LAM THI	
STREET ADDRESS	884 E. OAKLAND PARK BLVD.	
CITY-ST-ZIP	OAKLAND PARK BLVD. FL 33334	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: *Sandra B. Mortham* **4-22-97** **563-6896**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)