Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90176 050 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000077198

CAJUN AND GRILL OF WOODLANDS MALL, INC.

Principal Plac	e of Business	Mailing Address		'"				
1957 71 ST		1 957-71-8 T		{				
MIAMI BEACH FL 33141 — MIAMI BEACH FL 33141					DO NOT WR	TE IN TH	IS SPACE	
US		US		3 Data n	corporated or Qualifed			
					/1 993			
2 5	10	20 Marilian Addange		4. FEI Nu			TA	plied For
	Place of Business Aurena A STREET	2a. Mailing Address 26 404 AURO	OA CT		47154		-	t Applicable
21/4/10/	AURORA STREET	26 404 FURC Suite, Apt. #, etc.	11Ch 31.7	10-04	47 104			Additional
22		27		5. Certifica	ite of Status Desired		** ···	equired
City & Stat		City & State			Campaign Financing		•	May Be
23 CORII (28 PORAL GAI	sies h		und Contribution			to Fees
Zip	Country	Zip	Country	1	rporation owes the cur	rent year	~	
24 33 (16 25 USA	29 33146	30 USA		al Property Tax.		Yes	□No
	9. Name and Address of Currer	t Registered Agent		10. Name	and Address of New	Register	d Agent	
V.	NO HOLO		81 Name					
	ING, HOIS		82 Street A	Adress (P.O. Bo	Number is Not Accept	able)		
1957 / 131 STABLE					A 57			
-MIAI	MI-BEACH FL 33141		83					
			84 City				. 85 Zip	Code .
			84 City	AL GAB.	ĿS	F	L " 330	46
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Statu	es the above-named	cornoration submit	s this statement for the	purpose	of changing its	egistered
office or r	egistered agent, or both, in the State	of Florida. Such change was :	uthorized by the corpo	ration's board of d	lirectors. I hereby acce	pt the app	ointment as re	gistered
agent, ra	m familiar with, and accept the obliga	at ons or, section 607.0505, Fr.	riua Statules.					
SIGNATUF:E	Signature, typed or printed name of registered age	et and title if applicable. (NOT	Registered Agent signature re	quired when reinstating)		DATE		
12.		NI) DIRECTORS	13.		NS/CHANGES TO OF	FICERS	AND DIRECTO	FIS IN 12
TITLE	D	DELETE	1.1 TITLE		ALCACA	CT	Change	Addition
NAME	YEUNG, HOI S		12 NAME	4104	AURORA GABLES	3/		
1	4		13 STREET ADDRESS	CARAL	CARIZE	ZI	3314	<u> </u>
STREET ADDRESS				COKATE	CARROCE	7, C	J J . / V	
C(TY-ST-ZIP	MIAMI-BEACH FL	☐ DELETE	14 CITY-ST-ZIP				☐ Change	Addition
TITLE		L) DECEIE	2.1 TITLE				ondings	
NAME	1		2.2 NAME					
STREET ADDRE 3S			2,3 STREET ADDRESS					
CITY-ST-ZIP	l		2. 4 CITY-ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE				☐ Change	Addition
NAME	1		3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP	1		3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME)		4. 2 NAME					
			4 3 STREET ADDRESS					
STREET ADDRESS	1							
CITY-ST-ZIP	 	□ DELETE	5.1 TITLE				Change	Addition
TINLE)	∏ ρετειε	5.1 MLE 5.2 NAME				C ounde	
NAME	1		■ 3.4 (WWIC					
STREET ADDRESS			5.3 STREET ADDRESS					

14. I 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 a nual report is true and accurate and that my signature shall have the same legal effect as if made uncer 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, with all other like empowered.

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Change

☐ Addition