

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. McMath
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 10:01

DOCUMENT # **P94000006062 (1)**

INDOCHINE RESTAURANT, INC.

Secretary of State
TALLAHASSEE, FLORIDA

700001547927
-07/27/95--01075--003
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

1. Principal Office Location	2a. Mailing Address
8916 STATE ROAD 84 DAVIE FL 33314	8916 STATE ROAD 84 DAVIE FL 33314
2. Principal Office Telephone	2b. Mailing Address
21	26
3. Principal Office Fax	3a. State App # (if)
22	27
4. Principal Office E-Mail	3b. City & State
23	28
5. Principal Office Filing Agent	3c. City & State
24	29
6. Principal Office E-Mail	3d. City & State
25	30

3. Date Incorporated (or Revised)	3b. Date of Last Report
01/18/1994	
4. FEI Number	Applied For
65-0467372	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. This corporation has liability for apportioned tax under S. 199 (1)(2) Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BUCH, ORLANDO J 9407 N.W. 45TH STREET SUNRISE FL 33351	81 Name 82 Street Address (P.O. Box Number if Applicable) 83 84 City FL 85 Zip Code

11. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the information furnished herein is true and correct to the best of my knowledge and belief, and that the information furnished herein is true and correct to the best of my knowledge and belief.

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
1. Name D PAUL, JOAN M 9440 POINCIANA PLACE, #304 FORT LAUDERDALE FL 33324	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. Name D SJOT, HONG N 6901 S.W. 18TH COURT POMPANO BEACH FL 33068	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the information furnished herein is true and correct to the best of my knowledge and belief, and that the information furnished herein is true and correct to the best of my knowledge and belief.

SIGNATURE: *HONG SEJOT* HONG SEJOT
SIGNATURE AT TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
104-30, 95 452-8302
(305)