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

**PROFIT CORPORATION** ANNUAL REPORT

1997

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED** 

Apr 29 1997 8:00am

Secretary of State

## DOCUMENT # P94000010199 (5)

O RICE RESTAURANT, INC.

Principal Place of Business Mailing Address 4530 NW 183RD ST 4350 NW 183RD ST. MIAMI FL 83055 MIAMI FL 33055-3041 3a. Date of Last Feport 3. Date Incorporated or Qualified 04/23/1996 02/01/1994 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-0467167 Not Applicable 21 26 Suite, Apt. #, etc. Sulte. Apt. #. etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Ζp Country Zφ 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LEE, DICK R ESQ 3250 MARY ST. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 202 83 **COCONUT GROVE FL 33133** R4 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Change Addition TITLE ZHENG, YAN L 1.2 RAME NAME 10643 SW 22ND TERRACE STREET ADDRESS 1.3 STREET ADDRESS MAMI FL 33107 CITY-ST-ZIP 1.4 CHY - \$1-7IP DELETE ☐ Change Addition 2.1 TITLE TITLE LIN, JEAN C 2.2 NAME NAME 6541 SW 127TH PATH STREET ADDRESS 2.3 STREET ADORESS MIAMI FL CITY-ST-ZP 2.4 CHY-S1-ZIP DELETE Change Addition 3 \ 100 E TITLE CHOI, CHANG C NAME 3.2 NAME 11255 SW 33RD ST. STREET ADDRESS 33 STREET ADDRESS MIAMI FL 33165 CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DETETE 4.1 111([ Change Addition 4 2 NAME NAME STREET ADDRESS 4.8 STREET ADDRESS CITY-ST-ZIP 4.4 CHTY - ST - 7/P Addition DELETE Change 5.1 THEE TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Addition Change TITLE 6.4 TITLE 6.2 NAME NAME

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this arrural 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.

6.3 STREET ADDRESS

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