

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000010199 (5)**

1. Corporation Name

O RICE RESTAURANT, INC.

Principal Place of Business

**4530 NW 183RD ST
MIAMI FL 33055
US**

Mailing Address

**4350 NW 183RD ST.
MIAMI FL 33055**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**LEE, DICK R ESO
3250 MARY ST.
SUITE 202
COCONUT GROVE FL 33133**

3. Date Incorporated or Qualified

02/01/1994

4. FEI Number

65-0467167

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

JEAN C LIN

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

6541 SW 127 PATH

83

84 City

MIAMI

FL

85 Zip Code

33183

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

Jeann C. Lin

JEAN C. LIN

7/2/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D**
ZHENG, YAN L
STREET ADDRESS **10843 SW 22ND TERRACE**
CITY-ST-ZIP **MIAMI FL 33107**

TITLE ☐ DELETE

NAME **D**
LIN, JEAN C
STREET ADDRESS **6541 SW 127TH PATH**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **D**
CHOI, CHANG C
STREET ADDRESS **11255 SW 33RD ST.**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

500002592395--9

-07/17/98--01094--005

******150.00 ****150.00**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 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:

Jeann C. Lin

7/2/98 305 6256174

APPROVED
AND
FILED

98 JUL 14 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

002685

CR2E034 (5/98)

20fz

JULY 2, 1998

TO: DIVISION OF CORPORATIONS
ANNUAL REPORTS SECTION

RE: O'RICE RESTAURANT, INC.

ADDRESS: 4530 NW 183 ST.
OPA LOCKA, FL. 33055

TO WHOM IT MAY CONCERN,

THE FOLLOWING LETTER IS TO REQUEST AN AMNESTY FOR NOT FILING MY 1998 ANNUAL REPORT ON TIME DUE TO THE FACT THAT I WAS OUT OF THE COUNTRY ON AN EMERGENCY FAMILY ILLNESS AND THE PERSON WHO WAS SUPPOSED TO TAKE CARE OF FILING THE ANNUAL REPORT DID NOT DO SO AND I JUST REALIZED THAT TODAY WHEN I WAS SEARCHING MY DOCUMENTS. I WOULD LIKE TO REQUEST THAT YOU ACCEPT THE ENCLOSED CHECK FOR \$150.00 TO COVER THE INITIAL FEE AND WITH THE ASSURANCE THAT THIS WILL NOT HAPPEN AGAIN. ONCE AGAIN, I'D APPRECIATE YOUR ATTENTION.

SINCERELY,

Jean Lin Mei L'

JEAN LIN