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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

P94000014966 (3) **DOCUMENT #**

DONG HUONG VIETNAMESE RESTAURANT, INC.

Principal Place of Business Mailing Address 6672 NW 57TH STREET 6672 NW 57TH STREET TAMARAC FL 33319 TAMARAC FL 33319 US 3a. Date of Last Report 3. Date Incorporated or Qualified 02/24/1994 06/20/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0469728 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired \Box Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State П Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s 199.032, Country $Z_{\rm ID}$ Country Yes No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.C). Box Number is Not Acceptable) DO, THANH 82 367 S.W. 65TH AVE. 83 MARGATE FL 33068 85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1. 1 THLE TITLE DO. THANH 1.2 NAME NAME 367 S.W. 65TH AVE. 1.3 STREET ADDRESS STREET ADDRESS MARGATE FL 33068 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY - ST - ZIP Addition Change DELETE 4 1 TITLE THLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change ■ Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-7IP CITY - ST - ZIP Change Addition □ DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STHEET ADDRESS 6.4 CITY - ST - ZIP

CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

14. Ido hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

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CR2E034 (12/95)