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FILED
May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000017398 (6)

1. Corporation Name
SON'S CAFE, INC.



Principal Place of Business

Mailing Address

2705 54TH AVE NO
ST PETERSBURG FL 33714

2705 54TH AVE NO
ST PETERSBURG FL 33714-1940

3. Date Incorporated or Qualified
03/01/1994

3a. Date of Last Report
07/23/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FET Number

59-3258774

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NGUYEN, JOHN

~~1100 CENTRAL AVE~~

~~ST PETERSBURG FL 33705~~

81 Name

NGUYENJohn

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

2705 54th Ave.N.

83

84 City

St.Pete, FL

FL

85 Zip Code
33714

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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, Sections 607.0505, Florida Statutes.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

4-29-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D
STREET ADDRESS NGUYEN, JOHN
CITY-ST-ZIP 5000 FIRST AVE NORTH
ST PETERSBURG FL 33707

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE President ☒ Change ☒ Addition

1.2 NAME NGUYEN, John

1.3 STREET ADDRESS 2705 54th Ave.N.

1.4 CITY-ST-ZIP St.Pete, FL 33714

2.1 TITLE Vice President ☒ Change ☒ Addition

2.2 NAME TRAN, Phan

2.3 STREET ADDRESS same address as above

2.4 CITY-ST-ZIP

3.1 TITLE Sec./ Treasurer ☒ Change ☒ Addition

3.2 NAME TRAN, Thu

3.3 STREET ADDRESS same address as above

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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

[Signature]

CR2E034 (9/96)