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Mar 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000037810 (6)

1. Corporation Name  
21 CHINA WOK, INCORPORATED

Principal Place of Business  
2425 EDGEWATER DRIVE  
ORLANDO FL 32084  
US

Mailing Address  
12019 DENNISON CT.  
ORLANDO FL 32821-7624  
US

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

YU, MING CHUN  
6440 EAST COLONIAL DRIVE  
ORLANDO FL 32807

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0507 and 617.1508, 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 607.0906, Florida Statutes.

SIGNATURE

(Print Name and Title of Current Registered Agent)

Ming Chu Yu

(Print Name and Title of New Registered Agent)

3-13-97

DAC

12. OFFICERS AND DIRECTORS

|                |                   |                                 |
|----------------|-------------------|---------------------------------|
| TITLE          | PT                | <input type="checkbox"/> DELETE |
| NAME           | YU, MING CHUN     |                                 |
| STREET ADDRESS | 12019 DENNISON CT |                                 |
| CITY-STATE-ZIP | ORLANDO FL        |                                 |
| TITLE          | T                 | <input type="checkbox"/> DELETE |
| NAME           | LIU, SU FENG      |                                 |
| STREET ADDRESS | 12019 DENNISON CT |                                 |
| CITY-STATE-ZIP | ORLANDO FL 32821  |                                 |
| TITLE          |                   | <input type="checkbox"/> DELETE |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-STATE-ZIP |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> DELETE |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-STATE-ZIP |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> DELETE |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-STATE-ZIP |                   |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           | S.  |
| 13 STREET ADDRESS | yu, PAT S.  |
| 14 CITY-STATE-ZIP | 12019 DENNISON CT.  |
| 15 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           | ORLANDO, FL 32821   |
| 23 STREET ADDRESS |   |
| 24 CITY-STATE-ZIP |   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY-STATE-ZIP |   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY-STATE-ZIP |   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY-STATE-ZIP |   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |   |
| 63 STREET ADDRESS |   |
| 64 CITY-STATE-ZIP |   |

14. I do hereby certify that the information required 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]* MING CHU YU, President 213127 (11057) 422-7968

CR2E034 (9/96)