FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P94000057888 (7) DOCUMENT #

1. Corporation Name

CAJUN CAFE & GRILL OF SQUARE ONE MALL, INC.



						, , , , , , , , , , , , , , , , , , ,)	1 19191 1911 1991
Principal Place of Business Mailing Address								
	MABRY, SUITE 201	14497 N. DALE MABRY, SU TAMPA FL 33618	JITE 201					
AMPA FL 33618		INMINIE SOOIS			3. Date Incorporated or Qualified 08/04/1994	3a. Date of Last Report 04/19/1995		
	1D sienes	2a. Mailing Address			4. FEI Number	<u> </u>		Applied For
Principal Place	(i)	26. Walling Address			59-3258784			Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	5 Additional Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution Added to		00 May Be			
Sau	eus IIII	28	Country	/	8. This corporation has liability for	ntangible tax	under s	199.032,
0190	Country USA				Florida Statutes \Upsilon Yes	☐ No		
0110	g. Name and Address of Curre	1 1			10. Name and Address of New F	egistered Ag	jent_	
			81	Name				
HUANG, CHEN 14497 N. DALE MABRY, SUITE 201 TAMPA FL 33618			82	Street Add	reet Address (P.O. Box Number is Not Acceptable)			
			83					
17410 71 1			84	City		FL	85 Z	ip Code
		5. 1. 0. 1.	At a about	named cores	ration submits this statement for the pu	roose of chan	ging its	registered offi
or registered familiar with	d agent, or both, in the State of Flo n, and accept the obligations of, Se		by the con	DOI ALLOTTS DOE	ard of directors. I hereby accept the app			
GNATURE si	lignature, typed or printed name of registered ago	ent and title if applicable. (NOTE:		ent signature requir	ed when reinstating) ADDITIONS/CHANGES TO OF	DATE	OIDECT	ORS IN 12
2.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF) Change	
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TREET ADDRESS	TAMPA FL 33618	ALC 201	2.4 CITY					
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	WU, DONG JUNG	_	32 NAM	E				
IAME TREET ADDRESS	14497 N. DALE MABRY, St	JITE 201	3.3. STR	EET ADDRESS				
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NAME			62 NAM					
STREET ADDRESS				EET ADDRESS				
CITY - ST - ZIP			6.4 CiT	Y-ST-ZIP	y for the exemption stated in Section 1 urate and that my signature shall have the	19.07(3)(k), Fk	rida St	atutes. I further
14. I do hereb certify that oath; that appears in	by certify that the information suppli It the information indicated on this a I am an officer or director of the co In Block 12 or Block 13/if changed	led with this filling is voluntarily furns annual report or supplemental annu orderation or the receiver or trustee of on an attachment with an addre	ial report is empower ess.	true and accided to execute	y for the exemption stated in Section 1 urate and that my signature shall have the this report as required by Chapter 607,	ne same legal Florida Statut	effect a es; and	as if made und I that my nam

4/2/96 (813) 45-395]