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Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000081141 (1)

1. Corporation Name

CAJUN CAFE & GRILL OF NORTH RIVERSIDE PARK, INC.

Principal Place of Business

14497 NO. DALE MABRY HIGHWAY  
STE. 201  
TAMPA FL 33618

Mailing Address

7501 W. CERMACK ROAD  
NORTH RIVERSIDE IL 60546-1438  
US

2. Principal Place of Business

21 [ ]  
Suite, Apt. #, etc.

2a. Mailing Address

26 [ ]  
Suite, Apt. #, etc.

22 [ ]  
City & State

27 [ ]  
City & State

23 [ ]  
Zip

28 [ ]  
Zip

Country

24 [ ]  
Country

25 [ ]

29 [ ]

30 [ ]

9. Name and Address of Current Registered Agent

HUANG, CHEN-DEI  
14497 NO. DALE MABRY HIGHWAY  
STE. 201  
TAMPA FL 33618

81	Name
82	Street Address
83	
84	City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Chatchai Worasukh*

(NOTE: Registered Agent signature required if other than typed or printed name of registered agent and title applicable.)

(NOTE: Registered Agent signature required if other than typed or printed name of registered agent and title applicable.)

OFFICERS AND DIRECTORS		13.	
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	HUANG, CHEN-DEI		1.2 NAME
STREET ADDRESS	14497 NO. DALE MABRY HIGHWAY		1.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL 33618		1.4 CITY-ST-ZIP
TITLE	O	<input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME	ZHANG, KANG		2.2 NAME
STREET ADDRESS	7501 W. CERMACK ROAD		2.3 STREET ADDRESS
CITY-ST-ZIP	NORTH RIVERSIDE IL		2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			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 information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.			

SIGNATURE: *Chatchai Worasukh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/97 (708) 447-2877

Date

Daytime Phone: #

卷之三

**SIGNATURE**

Chatcharin Woraseth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.

CR2E034 (9/96)