SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:11

DOCUMENT # **P94000082169 (1)**

1. Corporation Name

CAFE SHANGHAI CORP.

Principal Place of Business	Mailing Address
1460 N STATE RD 7 **LAUDERHILL FL 33313**	**1460 N STATE RD 7** **LAUDERHILL FL 33313**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/09/1994**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: **650544137**	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22	27		
City & State	City & State	6. [illegible] ☐	**$5.00** May Be Added to Fees
23	28		
Zip / 24 — Country / 25	Zip / 29 — Country / 30	8. The corporation has elected for shareholders (as under S. 1361 etc. Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FLORIDA ANNUAL REPORT SERVICE **1036 SW FIRST ST.** **MIAMI FL 33130**	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 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and the date of signature. NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, OR DELETIONS	
TITLE	**DPS**	11 TITLE	☐ Change ☑ Addition S
NAME	**LIU, CHAN C**	12 NAME	LIU, CHAI CHOW
STREET ADDRESS	**15007 NE 6TH AVE, 118**	13 STREET ADDRESS	15007 NE 6AVE, 118
CITY ST ZIP	**MIAMI FL 33162**	14 CITY ST ZIP	MIAMI FL 33162
TITLE	**DVP**	21 TITLE	☐ Change ☑ Addition VT
NAME	**LIU, SAMANTHA**	22 NAME	LIU, NOEL
STREET ADDRESS	**15007 NE 6TH AVE, 118**	23 STREET ADDRESS	15007 NE 6AVE, 118
CITY ST ZIP	**MIAMI FL 33162**	24 CITY ST ZIP	MIAMI FL 33162
TITLE	**DVS**	31 TITLE	☐ Change ☐ Addition
NAME	**LIU, LILLY**	32 NAME	
STREET ADDRESS	**15007 NE 6TH AVE, 118**	33 STREET ADDRESS	
CITY ST ZIP	**MIAMI FL 33162**	34 CITY ST ZIP	
TITLE	**DT**	41 TITLE	☐ Change ☐ Addition
NAME	**HU, SHIMAI**	42 NAME	
STREET ADDRESS	**15007 NE 6TH AVE, 118**	43 STREET ADDRESS	
CITY ST ZIP	**MIAMI FL 33162**	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: _____ LILLY LIU
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 12TH 95 (305) 652-4309
Date / Daytime Phone #

CR2E034 (3/95)

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