FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

P95000014574 (4)

AVIAN KITCHENS, INC. Principal Place of Business Mailing Address 1401 S. FEDERAL HIGHWAY 1401 S. FEDERAL HIGHWAY DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441																	
											3.	Date Incorporated or Qualified		Date of Last			
						 						02/20/1995	0	12/20/1996			
2. Principal Place of Business					2a. Mailing Address						4.	FEI Number			pplied I		
Suite, Apt. #, etc					Suite, Apt. #, etc.							<u>65-0564707</u>			ot Appl		
22					27						5.	Certificate of Status Desired		\$8.75	Additio Deguired		
City & State					City & State						+-	Election Campaign Financing) May E		
23					28						6.	Trust Fund Contribution			ito Fee:		
Zip Country				1	Z ₁ p Co			Coun	Country		8.	This corporation has liability for	or intangit	***************************************	•••		
24		25		29			30					Florida Statutes	☑ Yes	□ No			
9. Name and Address of Current Registered Agent											10.	Name and Address of New I	Registere	d Agent			
	ung, albe							١	31	Name							
21798 CARTAGENA DRIVE BOCA RATON FL 33428									32	Street Add	ress (l	P.O. Box Number is Not Accept	able)				
BO	CA HATUN	rl 3	3428					٤	33						 		
														··· ·· · · · · · · · · · · · · · · · ·			
								•	34	City			F	L 85 Zip	Code		
office or r	registered ac	cent. c	f Sections 607.0502 r both, in the State of d accept the obliga	of Flori	da. Such ch	iange was a	iutho	orized	by t	named corp the corporal	ooratio tion's	on submits this statement for the board of directors. I hereby acc	e purpose cept the a	of changing ppointment a	its regis s registe	stered ered	
SIGNATURE	Sionalian types	t or mont	ed nan e of registered agen	Land title	o if agniceable	/NOTE	F Rec	harate	toen A	signature requi	tod who	n (Ainslatina)	DATE	. "			
12.			OFFICERS AND			fiso i	_	13.	- Igo-It	organica o rodor		ADDITIONS/CHANGES TO OF			RS IN 1	2	
TITLE	D					DELETE	*****	1.1 TITL	E				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change		Addition	
NAME	CHUNG,	JOA	NE				ı	1.2 NAM	1E								
STREET ADDRESS 21798 CARTAGENA DRIVE				1.3			1.3 STREET ADDRESS										
CITY - ST - ZIP	BOCA R	ATO	I FL 33428				ı	1.4 CITY-ST-ZIP									
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NAME	CHUNG,							2.2 NAM	1E								
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NAME								3.2 NAM	Œ	l							
STREET ADDRESS							ı	3.3 STRI	EET AI	DDRESS							
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STREET ADDRESS								4.3 STRI	EET AI	DDRESS							
CITY-ST-ZIP						DCI CTC		4.4 CITY		ZIP				——————————————————————————————————————			
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NAME								5.2 NAM									
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CITY-S1-ZIP						DELETE	_	5.4 CITY		ZIP						L. L. Str	
TITLE					لــا	DELETE		6.1 TITL	E	1				Change	م ليا	Addition	

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 suppliemental 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY - ST - ZIP

FILED

Feb 06 1997 8:00am

Secretary of State