SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCU 1. Corporatio	MENT # P95000	042635 (9)			
PACIFIC RESTAURANT, INC.				\$ 20011001 NO 10501 Orth 2014 Note 2014	i ás ti ássi a 1818 k ei ns situs ber þáði
Principal Plac	e of Business	Mailing Address			
121 N. KETCH DRIVE		121 N. KETCH DRIVE			
SUNRISE FL	33326	SUNRISE FL 33326			
				3. Date incorporated or Qual fied 05/25/1995	3a, Date of Last Report
	N.W. TUKSt.	2a. Mailing Address 26 (0.5) N. V	1. 14th St	4. FEI Number	Applied For
Surte, Apt	14 14: 1-1	26 (0.5) IV. V	V. 14" 30	65-0613922	Not Applicable
22 SUIT	E #120	27 SUITE # 120	>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat 23 MIA	MI FLORIDA	City & State 28 MIAM 1 PW	PIDA	Flection Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
^{Zin} 331	36 Country	29 Z1P33136 3	Country	8. This corporation has liability for in	
24 331	9. Name and Address of Current		0 0 5/4	Florida Statutes 10. Name and Address of New Rec	Yes No
VE			81 Name	10. Haine and Address of New Met	isiereu Agent
YEUNG, MARTIN 121 N. KETCH DRIVE			82 Street Addre	ess (P.O. Box Number is Not Acceptabl	0)
	NRISE FL 33326			ess (r.o Box Number is Not Acceptable	c ,
			83		
			84 City		FL 85 Zip Code
SIGNATURE	to the provisions of Sections 607,0502 registered agent, or both, in the State of in familiar with, and accept the obligations for a province of agent sections.		the above-named corporation in the corporation is statutes.	ration submits this statement for the pu n's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
THLE	D	DELETE	1 1 TITLE	-	Change Addition
NAME	YEUNG, MARTIN		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	121 N. KETCH DRIVE SUNRISE FL 33326		1 3 STREET ADDRESS		
TITLE	00/WW0E 1E 00020	DELETE	1.4 C(TY+SF ZIP 2.1 TITLE		Change Addition
NAME			22 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY - ST - ZIP		
1:TLE NAME		DELETE	3 1 TIFLE		Change Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP		Delete	4 4 CITY - ST - ZIP		0
TITLE NAME		DELETE	5 I TITLE		Change Addition
STREET ADDRESS			5 2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY - ST- ZIP		
TITLE		DELETE	61 TITLE		Change Addition

14. I do horeby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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 STHEET ADDRESS

64 CITY - \$1 - ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNALINE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-96

(308) 325-0427

Dity to a Phone #