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PROFIT **CORPORATION** ANNUAL REPORT



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

P95000061822 (9) CAJUN & GRILL OF PARADISE VALLEY, INC.

## **FILED** May 20 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address        |                   |  |  |   |   |                      |                                       | n 1904(000 ) (019) ataly agita affilia   | FOCUS MORTE DITT  | i nimmi idildi fil         | Tin iiği (dili              |  |
|--|-------------------|--|--|---|---|----------------------|---------------------------------------|--|-------------------|----------------------------|-----------------------------|--|
| 1957 71ST ST<br>MIAMI BEACH                        |                   |  |  | 1957 71ST STREET<br>MIAMI BEACH FL 33141              |   |                      |                                       | DO NOT WRI   | E IN THIS:        | SPACE                      |                             |  |
|  |                   |  |  |   |   |                      |                                       | 3. Date Incorporated or Qualified  |                   |                            |                             |  |
|  |                   |  |  |   |   |                      |                                       | 08/09/1995   |                   |                            |                             |  |
| 2. Principal Place of Business 2a. Mailing Address |                   |  |  |   |   |                      |                                       |  |                   |                            | pplied For                  |  |
| 21 4550 E. CACTUS ROAD 26                          |                   |  |  |   |   |                      |                                       | 86-0823369   |                   | . No                       | ot Applicable               |  |
| Suite, Apr. #, etc. Strite, Apr. #, 1              |                   |  |  |   | tc.                                       |                      |                                       | 5. Certificate of Status Desired   |                   |                            | Additional<br>equired       |  |
| City & State 23 PHOE                               | иIX               | AZ   | 28   | 8 State   |   |                      |                                       | Election Campaign Financing     Trust Fund Contribution                            |                   |                            | May Be<br>to Fees           |  |
| Zip Country  |                   |  | Zφ   | Z <sub>I</sub> p Country                              |   |                      |                                       | 8. This corporation owes or has paid the current year Intangible                   |                   |                            |                             |  |
| 24 85032 25  |                   |  | 29   |   |   |                      |                                       | Personal Property Tax due June 30. Yes No  |                   |                            |                             |  |
|  |                   |  | urrent Registered  | Agent   |   |                      |                                       | 10. Name and Address of New F  | egistered .       | agent                      |                             |  |
| Yeung, Hoi s                                       |                   |  |  |   |   |                      | 81 Name                               |  |                   |                            |                             |  |
| 1957 71ST STREET<br>MIAMI BEACH FL 33141           |                   |  |  |   |   | 82                   | Street Add                            | ddress (P.O. Box Number is Not Acceptable)   |                   |                            |                             |  |
| 1110   | WIII DENOT        | 716 00141  |  |   |   | 83                   |                                       |  |                   |                            |                             |  |
|  |                   |  |  |   |   | 84                   | City                                  |  | FL                | <b>85</b> Zip (            | Code                        |  |
| 11. Pursuant office or r                           | to the provis     | ions of Sections 60<br>jent, or both, in the<br>th, and accept the | 7.0502 and 607.150<br>State of Florida, Su<br>obligations of, Sect | 08, Florida State<br>oh change was<br>ion 607,0505, F | utes, the ab<br>authorized<br>forida Stat | pove<br>d by<br>utes | named corp<br>the corporal            | poration submits this statement for the<br>tion's board of directors. I hereby acc |                   | changing it<br>ointment as | ts registered<br>registered |  |
| SIGNATURE  |                   |  |  |   |   |                      |                                       |  |                   |                            |                             |  |
|  | Signature, typico |  | red agent and title it appre.                                      |   |   | i Age                | nt signature requi                    | red when reinstating)  | DATE<br>IOCOC AND | DIRECTOR                   | 00 IN 50                    |  |
| 12.  | Ď                 | OFFICER  | S AND DIRECTORS  | DELETE  | 13.<br>1.1 III                            | ıF                   | <del></del>                           | ADDITIONS/CHANGES TO OFF   | ICERS AND         | Change                     | Addition                    |  |
| NAME   | YEUNG             | HOLS   |  |   | 1.2 NA                                    |                      |                                       |  |                   | CT ondingo                 |                             |  |
| STREET ADDRESS                                     |                   | ST STREET  |  |   |   |                      | ADDRESS                               |  |                   |                            |                             |  |
| CITY-ST-ZIP  |                   | BEACH FL 33141   |  |   | 1.4 CII                                   |                      | - 1                                   |  |                   |                            |                             |  |
| TITLE  | 1101 1111 1       | CHOILLE GOLL   |  | DELETE  | 2.1 1(1                                   |                      | 1-211                                 |  |                   | Change                     | Addition                    |  |
| NAME   |                   |  |  | _   | 2.2 NA                                    |                      | 1                                     |  |                   |                            |                             |  |
| STREET ADDRESS                                     |                   |  |  |   | 1   |                      | ADDRESS                               |  |                   |                            |                             |  |
| CITY-ST-ZIP  |                   |  |  |   | 2 4 0                                     |                      | i                                     |  |                   |                            |                             |  |
| TITLE  |                   |  |  | DELETE  | 3 1 TiT                                   |                      | · · · · · · · · · · · · · · · · · · · |  |                   | Change                     | Addition                    |  |
| NAME   |                   |  |  |   | 3.2 NA                                    | ME                   | }                                     |  |                   |                            |                             |  |
| STREET AODRESS                                     |                   |  |  |   | 3.3 ST                                    | REE1.                | ADDRESS                               |  |                   |                            |                             |  |
| CITY-ST-ZIP  |                   |  |  |   | 3.4. CI                                   | TY-S                 | T-ZIP                                 |  |                   |                            |                             |  |
| TITLE  |                   |  |  | DELETE  | 4.1 (1)                                   | ΊĒ                   |                                       |  |                   | Change                     | ☐ Addition                  |  |
| NAME   | ı                 |  |  |   | 4. 2 N/                                   | AME                  | }                                     |  |                   |                            |                             |  |
| STREET ADDRESS                                     |                   |  |  |   | 4.3 ST                                    | RFE F .              | ADDRESS                               |  |                   |                            |                             |  |
| CITY-ST-ZIP  |                   |  |  |   | 4.4 CIT                                   |                      |                                       |  |                   |                            |                             |  |
| TITLE  |                   |  |  | DELETE  | 5.1 T(T                                   |                      |                                       |  |                   | Change                     | Addition                    |  |
| NAME   |                   |  |  |   | 5.2 NA                                    | ME                   | ļ                                     |  |                   |                            |                             |  |
| STREET ADDRESS                                     |                   |  |  |   | 5.3 ST                                    | REET.                | ADDRESS                               |  |                   |                            |                             |  |
| CITY-ST-ZIP  |                   |  |  |   | 5.4 CII                                   |                      | 1                                     |  |                   |                            |                             |  |
| TITLE  |                   |  | <del>-</del>   | DELETE  | 61 717                                    | _                    |                                       |  |                   | Change                     | ☐ Addition                  |  |
| NAME   |                   |  |  |   | 6.2 NA                                    | MÉ                   |                                       |  |                   |                            |                             |  |
| STREET ADDRESS                                     |                   |  |  |   | 6.3 \$1                                   | REET .               | ADDRESS                               |  |                   |                            |                             |  |
| CITY-ST-ZIP  |                   |  |  |   | 6.4 CIT                                   |                      | i                                     |  |                   |                            |                             |  |
|  |                   |  |  |   |   |                      |                                       |  |                   |                            |                             |  |

14. Thereby 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 ennual 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