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Apr 29, 1999 8:00 am Secretary of State

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PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000061822

1. Corporation Name

CAJUN & GRILL OF PARADISE VALLEY, INC.

| | | | | _{ | PB 0 FF04 1F001 T01PB 14D10 14D1 10DF |
|--------------------------------------|--|---|-------------------------------|--|---------------------------------------|
| Principal P ace | of Business | Mailing Address | | | |
| 4550 E CACTUS ROAD 1397 71ST STREET? | | | | | |
| STE 112 | | MIAMI BEACH FL 33141 | | DO NOT WRITE IN THIS SPACE | |
| PHOENIX AZ 85032 US | | | | 3. Date ir corporated or Qualified | |
| 00 | | | | 08/09/1995 | |
| 2 Principal Pl | ace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| | add of Dasiness | 26 4104 AUROK | DA ST. | 86-0823369 | Not Applicable |
| Suite, Apt. i | # etc | Suite, Apt. #, etc. | <u> </u> | | \$8.75 Additional |
| 22 27 | | ⊢¬ ''' | | 5. Certificate of Status Desired | Fee Recuired |
| City & S ate | | City & State | | 6. Electio i Campaign Financing | \$5.00 May Be |
| 23 | | 28/0RA-1 GAR | LES EL | Trust Fund Contribution | Added to Fees |
| Zip | Country | | Country | 8. This corporation owes the current year I | ntangible |
| 24 | 25 | 29 33/46 30 | USA | Personal Property Tax. | ☐ Yes [] No |
| | 9. Name and Add ess of Currer | nt Registered Agent | | 10. Name and Address of New Registere | i Agent |
| | | - | 81 Name | | |
| YEU | NG, HOIS | | 82 Street Addr | ess (P.D. Box Nymber is Not Acceptable) | |
| ` 1957-71ST-STRE ET | | | 4107 | AUKORA ST. | |
| MIAN | II-BEAC H FL 33141 | | 83 | | |
| l | | | 4 | | Os Zin Codo |
| | | | 84 Sity | +1 GABLES F | 85 -Zip Ccde |
| 11. Pursuant 1 | to the provisions of Sections 607.050 | 22 and 607.1508, Florida Statules, th | o above damed co in | gration submit: this statement for the nurnose | of changing its registered |
| office or re | edistered agent or both in the State | of Florida. Such change was author ations of, Section 607.0505, Ficrida S | ized by the corporation | on's board of d rectors. I hereby accept the app | ointment as registered |
| = | ii rammai witri, and actept the obliga | allinis of, obclion oor.ooo, i lenda c | Addition. | | |
| SIGNATURE | Signature, typed or printed name of registered age | ent and title if applicable. (NOTE Regis | tered Agent signature requi e | d when reinstating) DATE | |
| 12. | OFFICERS AN | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS A | |
| TITLE | D | ☐ DELETE | LA TITLE | HOY AURORA S CORAL GABLES | Change Addition |
| NAME | YEUNG, HOI S | 1 | I.2 NAME | 7/04 //- | 2 |
| STREET ADDRES S | 1957 71ST STREET | 1 | 3 STREET ADDRESS (| CORAL GABLES A | 72 33146 |
| CITY-ST-ZIP | MIAMI-BEAGH FL 33141 | | 1.4 CITY ST-ZIP | | |
| TITLE | | ☐ DELETE 2 | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME : | | | 2.2 NAME | | 1 |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 2 4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE : | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 32 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 3 | 3.4. CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE 4 | I.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4 | 1. 2 NAME | | |
| STREET ADDRES | | 2 | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 1. | 4.4 CITY-ST-ZIP | | |
| TITLE | | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 9 8 | 5.4 CITY-ST-ZIP | | |
| TITLE | | | 3.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| | | | 5.3 STREET ADDRESS | | Į. |

14. I hereby certify that the informaticn supplied with this filling does not qualify for the exemption stated in Section 119.07(5)(i), Florida Statutes. I further ce tify that the information indicated on this annual report or supplemental arrival 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 attachn ent with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR