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Feb 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000005064 (6)

1. Corporation Name
CHINA BAY BUFFET, INC.



Principal Place of Business
7830 HAMPTON BLVD
APT 722
N LAUDERDALE FL 33068

Mailing Address
7830 HAMPTON BLVD
APT 722
N LAUDERDALE FL 33068-5788

3. Date Incorporated or Qualified 01/12/1996	3a. Date of Last Report
4. FEI Number 65-0627167	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2402 N. UNIVERSITY DR Suite, Apt. #, etc.	2a. Mailing Address 26 2402 N. UNIVERSITY DR Suite, Apt. #, etc.
22 City & State Pembroke Pines, FL	27 City & State Pembroke Pines, FL
23 Zip 33024	28 Zip 33024
24 Country	29 Country

9. Name and Address of Current Registered Agent
SHIH, TUN-YUN
7830 HAMPTON BLVD
APT 722
N LAUDERDALE FL 33068

10. Name and Address of New Registered Agent	
81 Name Shih, Tun-Yun	82 Street Address (P.O. Box Number is Not Acceptable) 200 BARKLEY RD. #207
83	84 City Hollywood
85 Zip Code 33024	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

Signature type or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> DELETE
NAME SHIH, TUN-YUN	
STREET ADDRESS 7830 HAMPTON BLVD APT 722	
CITY-ST-ZIP N LAUDERDALE FL 33068	
TITLE D	<input type="checkbox"/> DELETE
NAME LEE, FOUNG W	
STREET ADDRESS 390 14TH CT	
CITY-ST-ZIP VERO BEACH FL 32962	
TITLE D	<input type="checkbox"/> DELETE
NAME FAN, JO-HUI	
STREET ADDRESS 4141 16TH ST APT 11-2	
CITY-ST-ZIP VERO BEACH FL 32960	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	200 BARKLEY RD. #207
1.4 CITY-ST-ZIP	Hollywood, FL 33024-1142
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	11205 W. ATLANTIC BLVD. APT. 308
2.4 CITY-ST-ZIP	Coral Springs, FL 33071
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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.

SIGNATURE *Shih-Tun-Yun*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 01-28-97
Date Daytime Phone #

CR2E034 (9/96)