

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra P. ...  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 JUN 23 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P96000065642 (6)

1. Corporation Name

POP ROCK SUSHI CAFE, INC.

Principal Place of Business

1720 KENNEDY CAUSEWAY STE 109  
NO BAY VILLAGE FL 33141

Mailing Address

1720 KENNEDY CAUSEWAY STE 109  
NO BAY VILLAGE FL 33141

3. Date Incorporated or Qualified

08/06/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0688858

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

PORNPRINYA, TONYA  
1720 KENNEDY CAUSEWAY STE 109  
NO BAY VILLAGE FL 33141

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

10800 Biscayne Blvd. #645

83

Miami, FL 33161

84

City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D POONOI, WATANA  
STREET ADDRESS 1720 KENNEDY CAUSEWAY STE 109  
CITY-ST-ZIP NO BAY VILLAGE FL 33141

TITLE ☐ DELETE

NAME D MEKPONGSATORN, PATRA  
STREET ADDRESS 1720 KENNEDY CAUSEWAY STE 109  
CITY-ST-ZIP NO BAY VILLAGE FL 33141

TITLE ☐ DELETE

NAME D SAEELA, SURIN  
STREET ADDRESS 1720 KENNEDY CAUSEWAY STE 109  
CITY-ST-ZIP NO BAY VILLAGE FL 33141

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2831 E. Oakland Park Blvd.  
Fort Lauderdale, FL 33306

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2831 E. Oakland Park Blvd.  
Fort Lauderdale, FL 33306

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

2831 E. Oakland Park Blvd.  
Fort Lauderdale, FL 33306

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

8000022212003

06/24/97-D1041-024

\*\*\*165.00 \*\*\*165.00

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ 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 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.

SIGNATURE:

Sushm Seal

6-17-97

CR2E034 (9/96)