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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Apr 21 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000066129 (3)

BAMBOO GARDEN III TAKE OUT INC.

| , Principal Place of Business Mailing Address 10041 PINES BLVD. 10041 PINES BLVD. PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024-6170 | | | | | | | | | | | | | |
|---|--|-------------|---------------------|---|--|--|---|-----------|------------|--------------|-------------|-----------------------------|------------|
| 8) 81 8 | | | | | | | 3. Date in 08/07/ | | d or Qual | lified | 3a. Date | of Last R | leport |
| 2. Principal P | lace of Business | 28 | . Mailing Address | | | · | | | /_ | | C5 | TAD | oplied For |
| 21 | | 26 | | | | | 65 | -0 | 690 | 20. | > | No | ot Applica |
| Sulte, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | 5. Certific | | | _ | <u> </u> | 8.75 | |
| 22 | | 27 | | | | | O, Cormo | | | | | Fee Re | equired |
| City & State | 6 · | <u> </u> | City & State | | | | 6. Election | | | | | \$5.00 | |
| 23 Zip | Country | 28 | Zip | | unlry | | | ind Contr | | | | Added 1 | |
| Country 25 | | 207 | ├ŋ | | Or III y | | 8. This corporation has liability for intangible tax under s. 199.03 Florida Statutos Yes No | | | | | | |
| | 9. Name and Address of 6 | | stered Agent | [30] | 7 | | 10. Name | | ess of Ne | | | | |
| YEUI | NG, MAN W | | | | 81 | Name | | | | | | | |
| 1004 | I PINES BLVD. | | | | 82 | Street Add | roce (P.O. Boy | Number | is Not Acc | entable) | | | |
| PEMBROKE PINES FL 33024 | | | | | | | trect Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | | | 83 | | | | | | | | |
| | | | | | 84 | City | | | | | s | . 85 Zip Coc | |
| 11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligate | | | | | | = | | | | | F1 | - | |
| 12 | UFFICE | rs and dire | CIURS | 13. | | | | NS/CHAI | NGES TO | ()++1(:++4 | RS AND DI | RECTOR | RS IN 12 |
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