Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90142 011 ***150.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000076373 1. Corporation Name

CHUNG WA CHINESE FOOD, INC.

Principal Place of Business Mailing Address									
422-S ORANGE AVE 2710 BLANDING BLVD #16 GREEN-COVE-SPRINGS-FL-32043 MIDDLEBURG FL 32068									
SOLD BUSINESS						DO NOT WRIT	E IN THIS	SPACE	
5	OLD DUSINES>					3. Date Incorporated or Qualifed			
						10/01/1996			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number			oplied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			59-3400700			ot Applicable Additional	
22		27			5. Certifcate of Status Desired		*	equired	
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28			Trust Fund Contribution		•	to Fees	
Zíp	Country	Zip	Count	ry		8. This corporation owes the curre	nt year Inta	_=	
24	25	29 3	0			Personal Property Tax.		Yes	2 2(No
	9. Name and Address of Curren	t Registered Agent		31	Name	10. Name and Address of New R	egistered A	gent	
II T.	AO HSIEN		Ľ		Name				
2389 FERNVIEW DR			8	32	Street Addres	ss (P.O. Box Number is Not Accepta	ble)		
ORANGE PARK FL 32065			E	33					
			8	4	City		FL	85 Zip	Code
office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State of maintain with, and accept the obligated Signature, typed or printed name of registered agent.	of Florida. Such change was auth tions of, Section 607.0505, Florid	horized b la Statute	es.	ne corporation	's board of directors. I hereby accep	the appoin	tment as re	gistered
12.	OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFF	ICERS AN	DIRECTO	ORS IN 12
TITLE	P DELETE 1.1 TIT			=		<u> </u>		Change	Addition
NAME	2389 FERNVIEW DR 13 ST		1.2 NAM	1.2 NAME 1.3 STREET ADDRESS					
STREET ADDRESS			1.3 STRE						
CITY-ST-ZIP			1.4 CITY	-ST-	ZiP				
TITLE	110			2.1 TITLE				☐ Change	Addition
NAME	LIO, CHOM		2.2 NAM						
STREET ADDRESS	2000 1 2/1/1/2/2 5/1		1	_	DORESS				ļ
CITY-ST-ZIP TITLE			2. 4 CITY 3.1 TITLE		- ZIP			Change	☐ Addition
NAME			3.2 NAM						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			3.4. CITY	·st-	-ZiP				
TITLE			_	4.1 TITLE			·····	☐ Change	☐ Addition
NAME	<u>,</u>		4. 2 NAM	E					
STREET ADDRESS			4.3 \$TRE	ĘΤΑ	LDDRESS				
CITY-ST-ZIP	4.4 CF				ZI₽				
TITLE			4.4 CITY	-ST-2					
NAME		☐ DELETE	5.1 TITLE	=				Change	Addition
		☐ DELETE	5.1 TITLE 5.2 NAM	E E				Change	☐ Addition
STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAM 5.3 STRE	E E	DORESS			Change	Addition Addition
		☐ DELETE	5.1 TITLE 5.2 NAM	E ET A -ST-2				☐ Change	☐ Addition

14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP