

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

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Apr 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000098053 (7)**

1. Corporation Name  
**CHINA KITCHEN SUPPLIES, INC.**



Principal Place of Business <b>1224-1226 N.E. 163 STREET N. MIAMI BEACH FL 33162</b>	Mailing Address <b>1224-1226 N.E. 163 STREET N. MIAMI BEACH FL 33162</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/04/1996</b>	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>65-0714086</b>		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country	29. Country	30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>YAN, MOW TAI 1224-1226 N.E. 163 STREET N. MIAMI BEACH FL 33162</b>		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. City	
85. Zip Code		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change		Addition	
TITLE	<b>PD</b>	1.1 TITLE		<input type="checkbox"/>		<input type="checkbox"/>	
NAME	<b>CHOI, WAI FUNG</b>	1.2 NAME		<input type="checkbox"/>		<input type="checkbox"/>	
STREET ADDRESS	<b>1224-1226 N.E. 163 STREET</b>	1.3 STREET ADDRESS		<input type="checkbox"/>		<input type="checkbox"/>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33162</b>	1.4 CITY-ST-ZIP		<input type="checkbox"/>		<input type="checkbox"/>	
TITLE	<b>PD</b>	2.1 TITLE		<input type="checkbox"/>		<input type="checkbox"/>	
NAME	<b>THAI, LAM</b>	2.2 NAME		<input type="checkbox"/>		<input type="checkbox"/>	
STREET ADDRESS	<b>1224-1226 N.E. 163 STREET</b>	2.3 STREET ADDRESS		<input type="checkbox"/>		<input type="checkbox"/>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33162</b>	2.4 CITY-ST-ZIP		<input type="checkbox"/>		<input type="checkbox"/>	
TITLE	<b>PD</b>	3.1 TITLE		<input type="checkbox"/>		<input type="checkbox"/>	
NAME	<b>YEUNG, MAN WA</b>	3.2 NAME		<input type="checkbox"/>		<input type="checkbox"/>	
STREET ADDRESS	<b>1224-1226 N.E. 163 STREET</b>	3.3 STREET ADDRESS		<input type="checkbox"/>		<input type="checkbox"/>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33162</b>	3.4 CITY-ST-ZIP		<input type="checkbox"/>		<input type="checkbox"/>	
TITLE	<b>SD</b>	4.1 TITLE		<input type="checkbox"/>		<input type="checkbox"/>	
NAME	<b>YAN, MOW TAI</b>	4.2 NAME		<input type="checkbox"/>		<input type="checkbox"/>	
STREET ADDRESS	<b>1224-1226 N.E. 163 STREET</b>	4.3 STREET ADDRESS		<input type="checkbox"/>		<input type="checkbox"/>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33162</b>	4.4 CITY-ST-ZIP		<input type="checkbox"/>		<input type="checkbox"/>	
TITLE		5.1 TITLE		<input type="checkbox"/>		<input type="checkbox"/>	
NAME		5.2 NAME		<input type="checkbox"/>		<input type="checkbox"/>	
STREET ADDRESS		5.3 STREET ADDRESS		<input type="checkbox"/>		<input type="checkbox"/>	
CITY-ST-ZIP		5.4 CITY-ST-ZIP		<input type="checkbox"/>		<input type="checkbox"/>	
TITLE		6.1 TITLE		<input type="checkbox"/>		<input type="checkbox"/>	
NAME		6.2 NAME		<input type="checkbox"/>		<input type="checkbox"/>	
STREET ADDRESS		6.3 STREET ADDRESS		<input type="checkbox"/>		<input type="checkbox"/>	
CITY-ST-ZIP		6.4 CITY-ST-ZIP		<input type="checkbox"/>		<input type="checkbox"/>	

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.

SIGNATURE: **Mow Tai Yan** **PRESIDENT**

CR2E034 (10/97)