

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90271 045 ***450.00

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P 97000080527 ✓**
1. Corporation Name

Saigon-Tokyo of Palm Beach Inc

539377-90271-45

Principal Place of Business 15 N J St. Lake worth FL 33460	Mailing Address
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 15 N J St Suite, Apt. #, etc. 22 0 City & State 23 Lake worth Zip 24 33460	2a. Mailing Address 26 <i>same</i> Suite, Apt. #, etc. 27 City & State 28 Zip 29 Palm Beach Country 30
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3. Date Incorporated or Qualified 11/97	4. FEI Number 65-0781408	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 owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No		

9. Name and Address of Current Registered Agent Minh Lee 15 N J St Lake worth FL 33460	
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10. Name and Address of New Registered Agent	
81 Name Minh Lee	82 Street Address (P.O. Box Number is Not Acceptable) 15 N J Street
83	84 City Lake worth
85 Zip Code FL 33460	

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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]* (NOTE: Registered Agent signature required when translating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 12)	
TITLE PRESIDENT	NAME Minh Lee	11 TITLE ABT	12 NAME
STREET ADDRESS 15 N J St.	CITY-STATE-ZIP Lake worth FL 33460	13 STREET ADDRESS	14 CITY-STATE-ZIP
TITLE	NAME	21 TITLE	22 NAME
STREET ADDRESS	CITY-STATE-ZIP	23 STREET ADDRESS	24 CITY-STATE-ZIP
TITLE	NAME	31 TITLE	32 NAME
STREET ADDRESS	CITY-STATE-ZIP	33 STREET ADDRESS	34 CITY-STATE-ZIP
TITLE	NAME	41 TITLE	42 NAME
STREET ADDRESS	CITY-STATE-ZIP	43 STREET ADDRESS	44 CITY-STATE-ZIP
TITLE	NAME	51 TITLE	52 NAME
STREET ADDRESS	CITY-STATE-ZIP	53 STREET ADDRESS	54 CITY-STATE-ZIP
TITLE	NAME	61 TITLE	62 NAME
STREET ADDRESS	CITY-STATE-ZIP	63 STREET ADDRESS	64 CITY-STATE-ZIP

14. I certify, under penalty of perjury, 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 furnished on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10-97)