

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90020 008 ***150.00

0123516

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **P97000090102**

1. Corporation Name
CHOMPU FOOD SERVICE INC.

Principal Place of Business 136 SW 2ND AVE HALLANDALE FL 33009 US	Mailing Address 136 SW 2ND AVE HALLANDALE FL 33009 US
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/21/1997	
4. FEI Number 59-3475940	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent

CHOMPUNICH, SOMCHAI
500 N.E. 2ND ST. #318
DANIA FL 33004

10. Name and Address of New Registered Agent

81 Name CHOMPUNICH SOMCHAI	
82 Street Address (P.O. Box Number is Not Acceptable) 136 SW 2ND AVE	
83	
84 City HALLANDALE	85 Zip Code FL 33009

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 **SOMCHAI CHOMPUNICH DIRECTOR** DATE **4/19/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHOMPUNICH, SOMCHAI		1.2 NAME CHOMPUNICH SOMCHAI (ADDRESS)	
STREET ADDRESS 500 N.E. 2ND ST. #318		1.3 STREET ADDRESS 136 SW 2ND AVE	
CITY-ST-ZIP DANIA FL 33004		1.4 CITY-ST-ZIP HALLANDALE FL 33009	
TITLE DST	<input type="checkbox"/> DELETE	2.1 TITLE DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHOMPUNICH, SOMPIT		2.2 NAME CHOMPUNICH SOMPIT (ADDRESS)	
STREET ADDRESS 500 N.E. 2ND ST. #318		2.3 STREET ADDRESS 136 SW 2ND AVE	
CITY-ST-ZIP DANIA FL 33004		2.4 CITY-ST-ZIP HALLANDALE FL 33009	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: **SOMCHAI CHOMPUNICH** DATE **4/19/99** DAYTIME PHONE # **(954) 455-7797**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)