PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P980000 45112 V

SAKE SUSHI, NC.

Ft. Land., FL 33308

Principal Place of Business

Mailing Address

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90005 018 ***150.00

5 558989 - 90038 - 6

| Boca Raton, FL 3343 | SAMZ | | DO NOT WOITE IN THE ODACE |
|---------------------------------------|---------------------|---------|---|
| Bocas Rober Come | _ | | DO NOT WRITE IN THIS SPACE |
| | Z., | | 3. Date Incorporated or Qualified MAY 18, 1998 |
| Principal Place of Business | 2a. Mailing Address | | 4. FEI Number Applied For |
| 21 61 8 1st AVE | 26 | | 65 - 08 4 0 00 4 Not Applicable |
| Suite, Apt. #, etc. 22 Bo Ca Rotm, FL | Suite, Apt. #, etc. | E | 5. Certifcate of Status Desired S8.75 Additional Fee Required |
| City & State 23 33 432- U.S.A | City & State | | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees |
| Zip Country 25 | 29 Zip Cot | untry | 8. This corporation owes the current year Intangible Personal Property Tax. |
| 9. Name and Address of Current I | Registered Agent | | 10. Name and Address of New Registered Agent |
| Yunn Home Line | | 81 Nam | dh 100 m |
| | i (| 82 Stre | reet Address (P.O Elby Alamber is Not Acceptable) |
| 9335 E. Ockland PK. | NVO. | 83 | 1/10 000 |

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

| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | |
|---|---|-----------------------------------|--|--|--|
| SIGNATURE | | | 4/20/99 | | |
| 12. | Signature, tyled or printed hame of registered agent and the applicable. (NOTE: OFFICERS AND INJECTORS | Registered Agent signature in 13. | required when reinstating) * 1 DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | | 1.1 TITLE | | | |
| | | | Tresubile (co-ourser | | |
| NAME | YHAN Ling 3335 E. Eckland PK. Ff-Land, FL 33308 | 1.2 NAME | Tresuber/Co-owner Change Addit Rong F. Ling 850 E. Commercial Blud. | | |
| STREET ADDRESS | 3335 E. Olikani Fr. | 1.3 STREET ADDRESS | 850 E. Commercial Blud. | | |
| CITY-ST-ZIP | off-Level, FL 38308 | 14 CITY-ST-ZIP | Ft. Land. 12 33334 | | |
| TITLE | , DELETE | 2.1 TITLE | Change ☐ Addit | | |
| NAME | | 2.2 NAME | \ | | |
| STREET ADDRESS | 1 2 | 2.3 STREET ADDRESS | \ . | | |
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| NAME | \ | 5.2 NAME | | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | | |
| TITLE | ☐ DELETE | 6.1 TITLE | Change Additi | | |
| NAME | | 6.2 NAME | \ | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS |) | | |
| CITY OT 710 | | 64 CITY-ST-7IP | • | | |

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 or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)