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

**PROFIT** CORPGRATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE **Katherine Harris** 

Secretary of State

1999

DIVISION OF CORPORATIONS

## DOCUMENT # P98000063044 W

1. Corporation Name

CICNIATURE

HE SHEWY FOOD SERVICES CORPORATION.

Principal Place of Business

Mailing Address

7714 UNIVERSITY BLUD TILL UNIVERSITY BLUD

May 17, 1999 8:00 am Secretary of State

05-17-1999 90044 004 \*\*\*150.00

WINTER PARK, FL 32792 WINTER PARK, FO		>>>>>	DO NOT WRITE IN THIS SPACE		
		- 27 192	3. Date Incorporated or Qualifed		
			07-15-98		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
1	26		59-3521300	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees	
Zip Country	Zip Cou	intry	This corporation owes the current year Interpretation Personal Property Tax.	tangible □Yes <b>X</b> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
LIU, GUILIN		81 Name			
1114 UNIVERSITY DUID		82 Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
WINTER PARIC, F-C 32791		83			
		84 City	FL	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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE						
12.	OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P DELETE	1.1 TITLE	☐ Change ☐ Addition			
NAME	Llu, Gui Lini	1.2 NAME				
STREET ADDRESS	LIU, GUI LIN 7714 UNIVERSITY BLUD	1.3 STREET ADDRESS				
CITY-ST-ZIP	WINTER PARIC, FL32792	1.4 CITY-ST-ZIP				
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition			
NAME	LU, TIAN MIN 7714 UNIVERSITY BLVD WINTER PARK, FL 32792	22 NAME				
STREET ADDRESS	7714 UNIVERSITY BLVD	2.3 STREET ADDRESS				
CITY-ST-ZIP	WINTER PARK, FC 32792.	2.4 CITY-ST-ZIP				
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addition			
NAME		32 NAME				
STREET ADDRESS		3 3 STREET ADDRESS				
CITY-ST-ZIP		3.4. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition			
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addition			
NAME		52 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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:

TIAN MIN, SECRETARY

4-20-99

407-671-3578

CR2E034 (11/98)