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

PROFIT CORPORATION ANNUAL REPORT

1999



♣FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000072412

MANDARIN CUISINE, INC.

MANDARIN CUISINE, INC

Principal Place of Business Mailing Address

1221 EAST ROBINSON-STREET 1221 EAST ROBINSON STREET
ORLANDO EL-32801 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90082 006 ***150.00

		٠			3. Date Incorporated or Qualifed	-	-
					08/19/1998		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21 135	o Curry Ford Rd.	26			59-3530306	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 32622 28					Trust Fund Contribution	Added t	7 1
Zip Country Zip Count				,	8. This corporation owes the current year Intan-	gible	
24						Yes	□No
24	9. Name and Address of Current	<u> </u>	'		10. Name and Address of New Registered Ag	jent	
			81	Name			
FONG. DAVID							
1221 EAST ROBINSON STREET				82 Street Address (P.O. Box Number is Not Acceptable)			
l				83			
OHENIDO I E SESSI							
			84	City	FL	85 Zip (Code
	007 000	COZ 4500 Fladda Statutas	iba abau	0 =00000		anging its	registered
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 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					oured when reinstation) DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent					ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DS IN 12
12.	OFFICERS AND					Change	Addition
TITLE TS	P	DA DECE IE	1.1 TITLE				OB Magnesia
NAME	CHOU, HONG KUNG		1.2 NAME		Min Bun Chen		
STREET ADDRESS	1221 2100110011 011221		1.3 STREE	T ADDRESS	1221 E. Robinson St.		
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CITY+5	T-ZIP	Orlando, FL 32801		
TITLE	₹P	∑ DELETE 2.1 π				Change	☐ Addition
NAME I	CHOU, SALINA K	,	2.2 NAME				
STREET ADDRESS	THE PART OF THE PARTY OF THE PA		2.3 STREE	T ADDRESS			
			2.4 CITY-				
CITY-ST-ZIP			3.1 TITLE	31-21		Change	Addition
i					•	. •	_
NAME			3.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			□ A ddition
TITLE			4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP		_	4.4 CITY-5	ST-ZIP			
TITLE			5.1 TITLE		-	Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			•
l. I			5.4 CITY-5	ST-ZIP	·	•	•
CITY-ST-ZIP		☐ DELETE	6,1 TITLE			Change	Addition
TITLE	··	C DETELL	6.2 NAME		•		
NAME [, ,	•					
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6.4 CITY-5	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 of 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, print an attachment with an address, with all other like empowered.

SIGNATURE:

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3-26-99

Daytime Phone #