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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S54997**

1. Corporation Name

MANDARIN VILLAGE, INC.

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Principal Place	of Business	Mailing Address			\$ 1000110110 101111 81010 101111 101	114 FAMT MIMAL MEMAI	R1811 81811 91	10)1 9)0() (09)
801 S UNIVERSITY DR 801 S UNIVERSITY DR								
PLANTATION FL 33324 PLANTATION FL 33324			- * -	•	DO NOT WRI	TE IN THIS SF	PACE	
					3. Date Incorporated or Qualifed			
					05/22/1991			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Apr	olied For
21	<u> </u>	26			65-0268256			t Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A Fee Red	
22	***	27			+ <u></u>			·
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 (Added to	, 1
Zip	Country	Zip	Countr	<u>v</u>	8. This corporation owes the curr	ent vear Intane		01000
24	25		0	,	Personal Property Tax.			□No
24	9. Name and Address of Current		<u>-</u> ,		10. Name and Address of New I	Registered Ag	ent	
1.00			8	1 Name				
	NG, LIANG-GEN		8:	2 Street Addr	ess (P.O. Box Number is Not Accepta	able)		
	NW 32ND MANOR			ļ		<u> </u>		·
SUN	RISE FL 33351		8	3	•			
	•		8	4 City		FL	85 Zip C	Code
SIGNATURE	Signature, typed or printed name of reputered agent		·	ant signature required	d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	RS IN 12
SIGNATURE	Linn Go	and title if applicable. (NOTE:)	egistered Ag	ant signature required			DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE: A	egistered Ag	ant signature required				
SIGNATURE 12. TITLE	Signature, types or printed runne of reputered agent OFFICERS ANI	t and title if applicable. (NOTE: A	egistered Ag 13. 1.1 TITLE 1.2 NAME	ant signature required				
SIGNATURE 12. TITLE NAME	Signature, typed or printed refine of repartered agent OFFICERS AND PD CHANG, NELSON 9310 NW 32 MANOR PLANTATION FL	t and little if applicable (NOTE: M. D. DIRECTORS DELETE	egistered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY-	ent signature required ET ADDRESS ST-ZIP			_ Change	Addition
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90031 035 ***150.00