

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

PROFIT CORPORATION ANNUAL REPORT <b>1997-AMENDED</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S61939**

1. Corporation Name

**CHINESE KITCHEN AND FINE FOOD, INC.**

Principal Place of Business <b>4901 Palm Beach Blvd. #4 &amp; #5 Fort Myers, FL 33905</b>	Mailing Address <b>4901 Palm Beach Blvd. #4 &amp; #5 Fort Myers, FL 33905</b>
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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
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3. Date Incorporated or Qualified <b>June 25, 1991</b>	3a. Date of Last Report
4. FEI Number <b>65-0285518</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**STEVEN A. RAMUNNI, ESQUIRE  
150 SOUTH MAIN STREET, SUITE 3  
POST OFFICE BOX 250  
LABELLE FL 33935**

10. Name and Address of New Registered Agent

81 Name <b>JIAN LIANG WANG</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4901 PALM BEACH BLVD. #4 &amp; #5</b>
83
84 City <b>FORT MYERS</b>
85 Zip Code <b>FL 33905</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 *Jian Liang Wang* **JIAN LIANG WANG** **10/30/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D/S/T</b> <input checked="" type="checkbox"/> DELETE	NAME <b>Kai Fu Chow</b>	1.1 TITLE <b>D/S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>Jian Zhuang Wang</b>
STREET ADDRESS <b>42 Howe Avenue</b>	CITY-ST-ZIP <b>LaBelle, FL 33935</b>	1.3 STREET ADDRESS <b>4613 Bayshore Drive, Apt. B-7</b>	1.4 CITY-ST-ZIP <b>Naples, FL 34112-6566</b>
TITLE <b>D/P</b> <input checked="" type="checkbox"/> DELETE	NAME <b>Kam Chiu Chow</b>	2.1 TITLE <b>D/P/T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>Jian Liang Wang</b>
STREET ADDRESS <b>217 Morse Plaza</b>	CITY-ST-ZIP <b>Fort Myers, FL 33905</b>	2.3 STREET ADDRESS <b>4613 Bayshore Drive, Apt. B-7</b>	2.4 CITY-ST-ZIP <b>Naples, FL 34112-6566</b>
TITLE <b>D/V</b> <input checked="" type="checkbox"/> DELETE	NAME <b>Chun Yee Chow</b>	3.1 TITLE <b>D/V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>Qi Xuan Huang</b>
STREET ADDRESS <b>217 Morse Plaza</b>	CITY-ST-ZIP <b>Fort Myers, FL 33905</b>	3.3 STREET ADDRESS <b>4613 Bayshore Drive, Apt. B-7</b>	3.4 CITY-ST-ZIP <b>Naples, FL 34112-6566</b>
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Jian Liang Wang* **Jian Liang Wang, President** **10/30/97** **941-694-1599**  
(NOTE: Signature and typed name of signing officer or director)

FILED  
97 NOV -6 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E034 (9/96)