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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

FILED

May 11 1998 8:00am

Secretary of State

CHINA	JADE BUFFET, INC.				
Principal Place	e of Business	Mailing Address		4 LOBELONE LAN COLLE OLIVI ANDIN NABAR IILL DIRECT AN	Bir Oldii Bibir Bibir Bibir 1991
220 N. ORLA	NDO AVENUE	7308 INTERNATIONAL	DR		
MATLAND FL 32751		ORLANDO FL 32819		DO NOT WRITE IN THIS	SPACE
		US		3. Date Incorporated or Qualified	TO ACE
				10/10/1991	
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3085808	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25	29	30		L Yes
	g, Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered	Agent
	ian, hue nguyen		81 Name		
	08 INTERNATIONAL DR		82 Street Ac	dress (P.O. Box Number is Not Acceptable)	
OF	RLANDO FL 32819				
			83		
			84 City		85 Zip Code
				<u>FI</u>	
11, Pursuant i	to the provisions of Sections 607.050 egistered agent, or both, in the State	J2 and 607.1508, Florida Stat e of Florida. Such change war	tutes, the above-named co s authorized by the corpo	orporation submits this statement for the purpose or ration's board of directors. I hereby accept the ap	pointment as registered
agent. 1 a	m familiar with, and accept the oblig	jations of, Section 607.0505, I	Florida Statutes.	• • •	
SIGNATURE			Ore Production		
12.	Signature, typed or printed name of registered ag- CELICERS, AN	ND DIFFECTORS	OTE: Registered Agent algnature re 13.	quired when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	Ď	DELETE	11 TITLE	ADDITIONS/OFFANGES TO OFFICENS AN	Change Addition
NAME	PHAN, HUE NGUYEN		1.2 NAME		
STREET ADDRESS	1739 LAKE BERRY DRIVE		1.3 STREET ADDRESS	GARA HARRAR ISLE	
CITY - ST - ZIP	WINTER PARK FL 32789		1.4 CITY-ST-ZIP	9097 HARBOR ISLE WINDERMORE, FL 34786	, .
TITLE	D	DELETE	21 TITLE	Wineconner C.J.	Change Addition
NAME	PHAN, KHAI HUE	-	22 NAME		_ , _
STREET ADDRESS	1739 LAKE BERRY DRIVE		2.2 CTREST ADDRESS	9097 HARBOR #SLE	
CITY-ST-ZIP	WINTER PARK FL 32789		2.4 CITY - ST - ZIP	WINDERMERE FL 3478	6
TITLE	V-1017 MIT 1 1 1 W W T E W W W T E W	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3 2 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			44 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY - ST - ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - \$1 - ZIP		

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 comporation 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 charged, or on an attachment mith an address.