

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

**FILED**

**Feb 28 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V11651 (9)**  
 1. Corporation Name  
**THE RICE BUCKET, INC.**



Principal Place of Business <b>15364 N.W. 79TH COURT MIAMI FL 33016</b>	Mailing Address <b>15364 N.W. 79TH COURT MIAMI FL 33016-5850</b>
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<b>3. Date Incorporated or Qualified</b> 02/03/1992	<b>3a. Date of Last Report</b> 03/04/1996
<b>4. FEI Number</b> 65-0325499	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21</b> Suite, Apt. #, etc	<b>26</b> Suite, Apt. #, etc
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip Country	<b>28</b> Zip Country
<b>24</b> Zip <b>25</b> Country	<b>29</b> Zip <b>30</b> Country

**9. Name and Address of Current Registered Agent**

**WEIR ANGELINE G. ESQ.**  
**1930 TYLER ST.**  
**HOLLYWOOD FL 33020**

**10. Name and Address of New Registered Agent**

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>VPS</b> <input type="checkbox"/> DELETE
NAME	<b>YU, WAI HUA</b>
STREET ADDRESS	<b>711 SW 98TH AVENUE</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>YU, CHUN KWAI</b>
STREET ADDRESS	<b>711 SW 98 AVENUE</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>11</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12</b> NAME
<b>13</b> STREET ADDRESS
<b>14</b> CITY-ST-ZIP
<b>21</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>22</b> NAME
<b>23</b> STREET ADDRESS
<b>24</b> CITY-ST-ZIP
<b>31</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>32</b> NAME
<b>33</b> STREET ADDRESS
<b>34</b> CITY-ST-ZIP
<b>41</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>42</b> NAME
<b>43</b> STREET ADDRESS
<b>44</b> CITY-ST-ZIP
<b>51</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>52</b> NAME
<b>53</b> STREET ADDRESS
<b>54</b> CITY-ST-ZIP
<b>61</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>62</b> NAME
<b>63</b> STREET ADDRESS
<b>64</b> 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: *X Chun Kwai Yu* **Chun Kwai Yu** **2/20/97** **(305)362-7454**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)