## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

45.15 // \/AAA

| DOCUM<br>1. Corporation N                              |  | (*)   |   |  |  |
|--|--|---|---|--|--|
| CAJUN  | AND GHILL OF PEMBE   | OKE LAKES, INC.   |   | 11188 01100 1011 8880 01110 101  |  |
| Principal Place o                                      | f Business   | Mailing Address   |   | <del> </del>   |  |
| 11401 PINE I   | BLVD   | 4825 NW 165TH ST  |   |  |  |
| 496 MIAMI F  |  | MIAMI FL 33014  |   |  |  |
| PEMBROKE I<br>US                                       | PINES FL 33026   | US  |   | 3. Date Incorporated or Qualified  | 3a. Date of Last Report  |
| 2. Principal Plac                                      | e of Rusings   | 2a. Mailing Address   |   | 03/26/1992<br>4. FEI Number  | 04/13/1995<br>Applied For  |
| 2. FINGIPALE (80                                       | e of business  | 26 19t 7 7  | 4 STREET  | 65-0325436   | Not Applicable   |
| Suite, Apt. #,   | etc.   | Suite, Apt. #, etc.   |   | 5. Certificate of Status Desired   | S8.75 Additional   |
| 22   |  | City & State  |   | & Floring Order State St | Fee Required   |
| City & State   |  | 28 MIAM ) BEA   | CH FLORGEA  | 6. Election Campaign Financing Trust Fund Contribution   | S5.00 May Be Added to Fees   |
| Zip  | Country  | Ζφ  | Country   | 8. This corporation has liability for i  | The second secon |
| 24   | 25   |   | BO USA  | Florida Statutes Yes   |  |
|  | 9. Name and Address of Curr  | rent Registered Agent   | 81 Name   | 10. Name and Address of New R  | egistered Agent  |
| VEHING   | OHAL SANG  |   |   | (D.O. Floy Number in Not Assessed  | 61   |
| YEUNG, QUAI SANG<br>4825 NW 165TH ST<br>MIAMI FL 33014 |  |   | 52 Street Addre   | ess (P.O. Box Number is Not Acceptab   | ne,  |
|  |  |   | 83  |  |  |
|  |  |   | 84 City   | The state of the s | 85 Zip Code  |
| or registere:<br>familiar with<br>SIGNATURE            | d agent, or both, in the State of Fi<br>, and accept the obligations of, S | lorida. Such change was authorized ection 607.0505, Florida Statutes. | by the corporation's boar   | ation submits this statement for the pur<br>of of directors. Thereby accept the appo   | pose of changing its registered office<br>pintment as registered agent. I am   |
| 12.  | gnature, typied or printer; name of registered at<br>OFFICERS.             | gent and tile, if applicable (NOTE<br>AND DIRECTORS                   | Fagistered Agent signature required  13.  | ADDITIONS/CHANGES TO OFFI  | ,.,.,  |
| TITLE  | PD   | DELETE  | 1. 1 TITLE  |  | Change Addition  |
| NAME   | YEUNG, HOI SANG  |   | 1 2 NAME  | 1.2 NAME   |  |
| STREET ADDRESS   | 4825 NW 185TH 195  | /   | 13 STREET ADDRESS   |  |  |
| CITY-SI-ZIP<br>TITLE                                   | MIAMI F ∴ M (  | AM   BEDCH FU133149   | 1 4 CHY+ST-ZIP<br>2 1 TITLE   |  | Change [ ] Addition  |
| NAME   | HEW TUNG, LIM  | L.J bterre  | 2 2 NAME  |  | ["] outside [] there   |
| STREET ADDRESS   | 14070 OAK RIDGE DRIVE  |   | 2 3 STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | DAVIE FL   |   | 2.4 CITY-ST-ZIP   |  | FAX.18M - M U1.11 VX.18X VX.18X VX.18X   |
| TITLE  |  | [_] DELETE  | 3. 1 TITLE  |  | Change Addition  |
| NAME   |  |   | 3 2 NAME  |  |  |
| STREET ADDRESS   |  |   | 3.3 STREET ADDRESS  |  |  |
| CITY-ST-ZIP<br>TITLE                                   |  | DELETE  | 3 4 CITY - ST - ZIP<br>4.1 TITLE  |  | Change Addition  |
| NAME   |  | <b>L</b>  | 4.2 NAME  |  | parameter and the second   |
| STREET ADDRESS   |  |   | 4.3 STREET ADDRESS  |  |  |
| CITY-SI-ZIP  |  |   | 4.4 CITY-\$T-ZIP  |  |  |
| TITLE  |  | □) DELETE   | 5 1 TITLE   |  | Change Addition  |
| NAME   |  |   | 5 2 NAME  |  |  |
| STREET ADDRESS   |  |   | 5 3 STREET ADDRESS  |  |  |
| CITY-ST-ZIP  |  | [T] DELETE  | 54 CITY-ST-ZIP<br>6 1 TILE  | ng yant ya manama a a mana yana a sama amana a mana a mana anda da bamada a madaddabad 1866 i'   | Change Addition  |
| TITLE<br>NAME  |  | L.J bettit  | G.2 NAME  |  | El eventes El transfer   |
| STREET ADDRESS   |  |   | 6.3 STREET ADDRESS  |  |  |
| DiTY-ST-ZIP  |  |   | 6 4 CITY-ST-ZIP   |  |  |
| 14. I do hereby certify that oath; that I              | the information indicated on this a<br>am an officer or director of the co | innual report or supplemental annual                                  | ned and does not qualify f<br>I report is true and accura<br>empowered to execute thi | or the exemption stated in Section 119<br>te and that my signature shall have the<br>s report as required by Chapter 607, Fl   | same legal effect as if made under   |