

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 DEC 10 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V58461

(7)

1. Corporation Name

SAIGON KICK, INC.

Principal Place of Business

Mailing Address

~~285 N.W. 199TH STREET~~  
~~SUITE 204~~  
~~MIAMI FL 33169~~

~~285 N.W. 199TH STREET~~  
~~SUITE 204~~  
~~MIAMI FL 33169~~

2. Principal Place of Business

2a. Mailing Address

21 399 W. Cypress Creek Road  
Suite, Apt. #, etc.

26 899 W. Cypress Creek Road  
Suite, Apt. #, etc.

22 Suite 321

27 Suite 321

City & State

City & State

23 Ft. Lauderdale, FL

28 Ft. Lauderdale, FL

Zip

Country

24 33309

25 Broward

Zip

Country

29 33309

30 Broward

9. Name and Address of Current Registered Agent

APPEL, ALLAN F.  
~~285 N.W. 199TH STREET~~  
~~SUITE 204~~  
~~MIAMI FL 33169~~

899 W. Cypress Creek Rd  
Suite 321  
Ft. Lauderdale, FL 33309

REINSTATEMENT

3. Date Incorporated or Qualified 08/18/1992

3a. Date of Last Report 04/03/1993

4. FEI Number

65-0349957

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

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

Signature of Agent printed here and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
BIELER, JASON  
~~285 N.W. 199TH ST. S-204~~  
~~MIAMI FL~~

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
VARONE, PHILLIP III  
~~285 N.W. 199TH ST. S-204~~  
~~MIAMI FL~~

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
AS  
APPEL, ALLAN F  
~~285 NW 199TH STREET #204~~  
~~MIAMI FL~~

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
899 W. Cypress Creek Road - Suite 321  
Ft. Lauderdale, Florida 33309

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
899 W. Cypress Creek Road - Suite 321  
Ft. Lauderdale, Florida 33309

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
899 W. Cypress Creek Road - Suite 321  
Ft. Lauderdale, Florida 33309

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)