

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

FILED

Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V68315 (3)

1. Corporation Name
PEKING NOODLE, INC.

Principal Place of Business
3207 NE 163 STREET
SPACES #1 AND #2
NORTH MIAMI BEACH FL 33160

Mailing Address
P.O. BOX 600982
NORTH MIAMI BEACH FL 33160-0982



3. Date Incorporated or Qualified 10/01/1992
3a. Date of Last Report 07/12/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 3207 NE 163rd Street		26 3207 NE 163rd Street		65-0360948		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
22 Spaces 1 & 2		27 Spaces 1 & 2		8. Election Campaign Financing		5.00 May Be Added to Fees	
23 City & State		28 City & State		Trust Fund Contribution		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
23 NORTH MIAMI BEACH, FL		28 NORTH MIAMI BEACH, FL		8. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
24 Zip		29 Zip		Country			
24 33160		29 33160		30 USA			

9. Name and Address of Current Registered Agent

CHAN, GUO QUAN
102 S HIBISCUS DR
MIAMI BEACH FL 33133

10. Name and Address of New Registered Agent

81 Name	CHEN, LAM SANG
82 Street Address (P.O. Box Number is Not Acceptable)	1940 NE 194th Street
83	
84 City	MIAMI
85 Zip Code	FL 33179

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 *Lam Sang* (CHEN, LAM SANG, PRES.) 3/7/1997
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAN, GUO QUAN	1.2 NAME	CHEN, LAM SANG
STREET ADDRESS	102 S HIBISCUS DR	1.3 STREET ADDRESS	1940 NE 194th Street
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	MIAMI, FL 33179
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	CHENG, SAM
STREET ADDRESS		2.3 STREET ADDRESS	21260 NE 3rd CT.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 or changed, or on an attachment with an address.

SIGNATURE: X *Lam Sang* (CHEN, LAM SANG) 3/7/1997 (305)956-9999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)