

4897 B 4206 C  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 08 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 # P35378 (9)**  
 1. Corporation Name  
**PANDA EXPRESS, INC.**



Principal Place of Business <b>899 EL CENTRO ST                  SOUTH PASADENA CA 91030                  US</b>	Mailing Address <b>899 EL CENTRO ST                  SOUTH PASADENA CA 91030-3101                  US</b>
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<b>3. Date Incorporated or Qualified</b> 09/04/1991	<b>3a. Date of Last Report</b> 02/08/1996
<b>4. FEI Number</b> 95-4318504	Applied For <input type="checkbox"/> 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	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

**9. Name and Address of Current Registered Agent**  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERNG, ANDREW	1.2 NAME	
STREET ADDRESS	2040 ASHBOURNE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	S PASADENA CA	1.4 CITY-ST-ZIP	
TITLE	VPT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERNG, PEGGY	2.2 NAME	
STREET ADDRESS	2040 ASHBOURNE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	S PASADENA CA	2.4 CITY-ST-ZIP	
TITLE	VPFO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTTON, STEVEN V	3.2 NAME	
STREET ADDRESS	635 LOS CERRITOS ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	GLENDORA CA	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHENG, IRENE	4.2 NAME	
STREET ADDRESS	813 SUMMIT DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	S. PASADENA CA	4.4 CITY-ST-ZIP	
TITLE	Secretary	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R. MICHAEL WILKINSON	5.2 NAME	
STREET ADDRESS	6351 Turnberry Circle	5.3 STREET ADDRESS	
CITY-ST-ZIP	Huntington Beach, CA 92648	5.4 CITY-ST-ZIP	
TITLE	Asst. Sec.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stanley N. Liu	6.2 NAME	
STREET ADDRESS	1022 S. Marengo Ave., #2	6.3 STREET ADDRESS	
CITY-ST-ZIP	Alhambra, CA 91803	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 if changed, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED** **Stanley N. Liu** **Asst. Secretary** **April 4, 1997 (818) 799-9898**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)