


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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90167 044 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P35378

1. Corporation Name
PANDA EXPRESS, INC.

Principal Place of Business 899 EL CENTRO ST SOUTH PASADENA CA 91030 US	Mailing Address 899 EL CENTRO ST SOUTH PASADENA CA 2A US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 09/04/1991	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 95-4318504	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C <input type="checkbox"/> DELETE
NAME	CHERNG, ANDREW
STREET ADDRESS	2040 ASHBOURNE DRIVE
CITY-ST-ZIP	S PASADENA CA
TITLE	PT <input type="checkbox"/> DELETE
NAME	CHERNG, PEGGY
STREET ADDRESS	2040 ASHBOURNE DRIVE
CITY-ST-ZIP	S PASADENA CA
TITLE	VPFC <input type="checkbox"/> DELETE
NAME	THEUER, JOHN F
STREET ADDRESS	6208 W 77TH STREET
CITY-ST-ZIP	LOS ANGELES CA 90045
TITLE	AS <input type="checkbox"/> DELETE
NAME	CHENG, IRENE
STREET ADDRESS	813 SUMMIT DRIVE
CITY-ST-ZIP	S. PASADENA CA
TITLE	S <input type="checkbox"/> DELETE
NAME	WILKINSON, R. MICHAEL
STREET ADDRESS	6351 TURNBERRY CIR
CITY-ST-ZIP	HUNTINGTON BCH CA
TITLE	AS <input type="checkbox"/> DELETE
NAME	LIU, STANLEY N.
STREET ADDRESS	1022 S MARENGO AVE #2
CITY-ST-ZIP	ALHAMBRA CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cherng, Andrew
1.3 STREET ADDRESS	2040 Ashbourne Dr.
1.4 CITY-ST-ZIP	S. Pasadena, CA.
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**
 Stanley N. Liu Asst. Secretary April 6, 1999 (626)-799-9898
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)