

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **731115** (2)
1. Corporation Name
ON LEONG MERCHANT ASSOCIATION, INC.



Principal Place of Business: 1750 - 1760 W. FLAGLER ST. MIAMI FL 33135-2017
Mailing Address: 1750 - 1760 W. FLAGLER ST. MIAMI FL 33135-2017

3. Date Incorporated or Qualified: 11/14/1974
3a. Date of Last Report: 01/24/1995

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

4. FEI Number: 59-1705188
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
TSOI, JOHN
1750 W. FLAGLER ST.
MIAMI FL 33135

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: TSOI, JOHN	1.1 TITLE: RESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1750 W. FLAGLER ST.	CITY-ST-ZIP: MIAMI FL	1.2 NAME: WAI CHIU MUI	
		1.3 STREET ADDRESS: 3251 E 11TH AVE.	
		1.4 CITY-ST-ZIP: HIALEAH FL 33013	
TITLE: SD	NAME: AARON, NG	2.1 TITLE: WAYNE M. LOUK VD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1750 W FLAGLER ST.	CITY-ST-ZIP: MIAMI FL	2.2 NAME:	
		2.3 STREET ADDRESS: 1750 W. FLAGLER ST.	
		2.4 CITY-ST-ZIP: MIAMI FL 33135	
TITLE: VD	NAME: CHENG, NAI K.	3.1 TITLE: S.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1750 W. FLAGLER ST.	CITY-ST-ZIP: MIAMI FL	3.2 NAME: AARON NG	
		3.3 STREET ADDRESS: 1750 W FLAGLER ST.	
		3.4 CITY-ST-ZIP: MIAMI FL 33135	
TITLE: TD	NAME: CHIU MUI, WAI	4.1 TITLE: MOK SIU WEN S.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3251 E. 11TH AVE.	CITY-ST-ZIP: HIALEAH FL	4.2 NAME:	
		4.3 STREET ADDRESS: 1750 W. FLAGLER ST.	
		4.4 CITY-ST-ZIP: MIAMI FL 33135	
TITLE:	NAME:	5.1 TITLE: T. D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME: WIN FAT KWAN	
		5.3 STREET ADDRESS: 1750 W. FLAGLER ST.	
		5.4 CITY-ST-ZIP: MIAMI FL 33135	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	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: WAI CHIU MUI [Signature] 3/1/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)