

FILE NOW: FILING FEE IS \$61.25

FILED

Aug 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **731115**
1. Corporation Name
WON LEONG MERCHANT ASSOCIATION, INC.

Principal Place of Business Mailing Address
**1750 WEST FLAGLER ST.
MIAMI FL 33135**

21	2. Principal Place of Business	2a.	Mailing Address
	1750 W. FLAGLER ST.		
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
	MIA MI		
23	City & State	28	City & State
	FLA.		
24	Zip	29	Country
	33135		
		30	Country
			MIAMI DODE

3. Date Incorporated or Qualified
1944

4. FEI Number	Applied For
59-1705188	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**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**WING FAT KWAN
546 HIALEAH DRIVE
HIALEAH FL 33010**

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: *[Signature]* DATE: **7/20/98**

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	WING FAT KWAN	
STREET ADDRESS	546 HIALEAH DRIVE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	N.K. CHENG V.P.	<input type="checkbox"/> DELETE
NAME	N.K. CHENG V.P.	
STREET ADDRESS	9709 S.W. 37 ST. COOPER CITY	
CITY-ST-ZIP	FL 33328	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	EDWARD LOUK	
STREET ADDRESS	10090 N.W. 129 TERR	
CITY-ST-ZIP	HIALEAH GARDEN FL 33018	
TITLE	JOHNNY NG T.D.	<input type="checkbox"/> DELETE
NAME	JOHNNY NG T.D.	
STREET ADDRESS	1480 N.W. 96 AVE.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	Wai Chiu Mai	<input type="checkbox"/> DELETE
NAME	Wai Chiu Mai	
STREET ADDRESS	3251 E 11 AVE	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TRUSTEES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FERNANDO MOY	
1.3 STREET ADDRESS	3251 E 11 AVE	
1.4 CITY-ST-ZIP	HIALEAH FL 33013	
2.1 TITLE	TRUSTEES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FELIPE LI	
2.3 STREET ADDRESS	15930 LAKESURGESS	
2.4 CITY-ST-ZIP	MIAMI LAKES 33016	
3.1 TITLE	TRUSTEES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WAYNE M LUK	
3.3 STREET ADDRESS	13203 SW 40 TER	
3.4 CITY-ST-ZIP	MIAMI FLA 33175	
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	900002620389	
6.3 STREET ADDRESS	-08/20/98--01003--020	
6.4 CITY-ST-ZIP	***61.25	

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 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]* P. WING FAT KWAN / 3/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)