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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 731115

1. Corporation Name
ON LEONG MERCHANT ASSOCIATION, INC.

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



2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country

2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

3. Date Incorporated or Qualified: 11/14/1974

4. FEI Number: 59-1705188

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent: FAT KWAN, WING, 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: _____ 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	T LOUK, WAYNE M	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13203 SW 40 TERR	1.2 NAME	
STREET ADDRESS	MIAMI FL 33175	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T MOY, FERNANDO	2.1 TITLE	
NAME	3251 E 11 AVE	2.2 NAME	
STREET ADDRESS	HIALEAH FL 33013	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T LI, FELIPE	3.1 TITLE	
NAME	13930 LAKE SUCCESS	3.2 NAME	
STREET ADDRESS	MIAMI LAKES FL 33014	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D MUJ, WAI CHIU	4.1 TITLE	
NAME	3251 E. 11TH AVE.	4.2 NAME	
STREET ADDRESS	HIALEAH FL 33013	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P FAT KWAN, WING	5.1 TITLE	
NAME	546 HIALEAH DRIVE	5.2 NAME	
STREET ADDRESS	HIALEAH FL 33010	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V CHENG, N.K.	6.1 TITLE	
NAME	9709 SW 57 ST	6.2 NAME	
STREET ADDRESS	COOPER CITY FL 33328	6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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 REQUIRED

SIGNATURE: _____ DATE: 1-14-99

DAYTIME PHONE: 305 887-9985