

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 # N09979 (8)
1. Corporation Name
CHINESE CULTURE ASSOCIATION OF SOUTH FLORIDA, INC.



Principal Place of Business: P.O. BOX 810552, BOCA RATON FL 33481-0552, US
Mailing Address: P.O. BOX 810552, BOCA RATON FL 33481-0552, US

3. Date Incorporated or Qualified: **06/26/1985**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **59-2600665**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
~~CHEN, BEHSING~~
~~10561 MENDOCINO LN~~
~~20888 SPRING TERR~~
~~BOCA RATON FL 33428~~

10. Name and Address of New Registered Agent
81 Name: **CHEN, Barry Shiyo**
82 Street Address (P.O. Box Number is Not Acceptable):
83 **9641 OHIO PLACE**
84 City: **BOCA RATON FL** 85 Zip Code: **33434**

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: **3/18/96**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CHEN, BEHSING	
STREET ADDRESS	20888 SPRING TERRACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CHEN, BARRY S	
STREET ADDRESS	9641 OHIO PLACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	YANG, CILING	
STREET ADDRESS	5820 TOWN BAY DR APT 315	
CITY-ST-ZIP	W. PALM BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WANG, CINDY	
STREET ADDRESS	6040 VISTA LINDA LANE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHAO, HWA J	
STREET ADDRESS	1738 LINDESY CT	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEE, HOSHENG	
STREET ADDRESS	2344 TIMBERCREEK CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHEN, Barry Shiyo	
1.3 STREET ADDRESS	9641 OHIO PLACE	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33434	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHIEN, JACK	
2.3 STREET ADDRESS	10561 Mendocino Lane	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33428	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WU, I-CHEN	
3.3 STREET ADDRESS	10970 Crescendo Cir.	
3.4 CITY-ST-ZIP	BOCA RATON, FL 33498	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jennifer KUNG	
4.3 STREET ADDRESS	9641 N.W. 5th St.	
4.4 CITY-ST-ZIP	BOCA RATON	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Pembroke Pines, FL 33004	
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 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: *[Signature]* DATE: **3/18/96** DAYTIME PHONE #: **407-488-5746**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Barry Shiyo Chen, PD**

CF2E037 (12/95)