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Jul 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/26/1985	3a. Date of Last Report 04/17/1996
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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
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4. FEI Number 59-2600665	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CHEN, BARRY S
9641 OHIO PL
20888 SPRING TERR
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name **CHIEN, JACK**
82 Street Address (P.O. Box Number is Not Acceptable)
10561 MENDOCINO LN
83
84 City **BOCA RATON** FL 85 Zip Code **33428**

*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 *Jack Chien* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CHEN, BARRY S	
STREET ADDRESS	9641 OHIO PL	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHIEN, JACK	
STREET ADDRESS	10561 MENDOCINO LN	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CHEN, WU I	
STREET ADDRESS	10970 CRESCENDO CIR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KUNG, JENNIFER	
STREET ADDRESS	9641 NW 5TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lucy Oh	
1.3 STREET ADDRESS	10980 Haydn Dr	
1.4 CITY-ST-ZIP	Boca Raton FL 33498	
2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHIEN, JACK	
2.3 STREET ADDRESS	10561 MENDOCINO LN	
2.4 CITY-ST-ZIP	BOCA RATON FL 33428	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOSEPH LAI,	
3.3 STREET ADDRESS	19091 CLOISTER LAKE LANE	
3.4 CITY-ST-ZIP	BOCA RATON FL 33498	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DAVE MIDNER LAKE	
4.3 STREET ADDRESS	BOCA RATON FL 33433	
4.4 CITY-ST-ZIP		
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JUANNIE YEN,	
5.3 STREET ADDRESS	2906 NW 23rd CT	
5.4 CITY-ST-ZIP	BOCA RATON FL 33431	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PETER SZE	
6.3 STREET ADDRESS	25381 BOCA CHICA CIRCLE	
6.4 CITY-ST-ZIP	BOCA RATON FL 33433	

14. I do 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 *Jack Chien* (REQUIRED) 4/21/97

CR2E037 (9/96)