

5/11/98

FILE NOW: FILING FEE IS \$61.25



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

FILED
May 11 1998 8:00am
Secretary of State



DOCUMENT # N97000002700 (9)

U.S. PAN ASIA CHAMBER OF COMMERCE, INC.

Principal Place of Business 6650 BAYSIDE DRIVE SUITE 100 ORLANDO FL 32819	Mailing Address 5650 BAYSIDE DRIVE SUITE 100 ORLANDO FL 32819
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3. Date Incorporated or Qualified 05/09/1997	
4. FEI Number 59-3445264	Applied For Not Applicable
6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent KIANG, PAUL 5650 BAYSIDE DRIVE SUITE 100 ORLANDO FL 32819

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

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	
TITLE	<input type="checkbox"/> DELETE
NAME	P.D.
STREET ADDRESS	KIANG, PAUL
CITY-ST-ZIP	5650 BAYSIDE DR. ORLANDO, FL 32819
TITLE	<input type="checkbox"/> DELETE
NAME	VP. D.
STREET ADDRESS	MSUEH, MARIA
CITY-ST-ZIP	7712 HIDDEN IVY CT. ORLANDO, FL 32819
TITLE	<input type="checkbox"/> DELETE
NAME	VP. D.
STREET ADDRESS	KIANG, SHE
CITY-ST-ZIP	5650 BAYSIDE DR. ORLANDO, FL 32819
TITLE	<input type="checkbox"/> DELETE
NAME	S. D.
STREET ADDRESS	CHEN, RUTH
CITY-ST-ZIP	207 LARSON AVE. BRANDON, FL 33510
TITLE	<input type="checkbox"/> DELETE
NAME	VP. D.
STREET ADDRESS	PANG, NINNIE
CITY-ST-ZIP	1225 E. COLONIAL DR ORLANDO, FL 32803
TITLE	<input type="checkbox"/> DELETE
NAME	T. D.
STREET ADDRESS	LIANG, BRIAN
CITY-ST-ZIP	1226 E. COLONIAL DR. # B ORLANDO, FL 32803

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	
6.3 STREET ADDRESS	
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.

SIGNATURE: _____ BRIAN LIANG, CPA, TREASURER 4/27/98 407-898-7144

CR2E037 (10/97)