

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90059 026 \*\*\*\*61.25

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N97000002700**

1. Corporation Name

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

Principal Place of Business

5650 BAYSIDE DRIVE  
 SUITE 100  
 ORLANDO FL 32819

Mailing Address

5650 BAYSIDE DRIVE  
 SUITE 100  
 ORLANDO FL 32819



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

05/09/1997

4. FEI Number

59-3445264

Applied For

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

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 **BRIAN LIANG**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 **1226 E. COLONIAL DRIVE, # B**  
 84 City **ORLANDO** FL 85 Zip Code **32803**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KIANG, PAUL	
STREET ADDRESS	5650 BAYSIDE DR	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MJUEH, MARIA	
STREET ADDRESS	7712 HIDDEN IVY COURT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KIANG, SUE	
STREET ADDRESS	5650 BAYSIDE DR	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CHEN, RUTH	
STREET ADDRESS	207 LARSON AVE	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	PANG, WINNIE	
STREET ADDRESS	1225 E COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LIANG, BRIAN	
STREET ADDRESS	1226 E COLONIAL DR #B	
CITY-ST-ZIP	ORLANDO FL 32803	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P. D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ESCANO, RONNIE	
1.3 STREET ADDRESS	5650 BAYSIDE DR. #301	
1.4 CITY-ST-ZIP	ORLANDO, FL 32819	
2.1 TITLE	VP. D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LE, THUY T.	
2.3 STREET ADDRESS	5650 BAYSIDE DR. #302	
2.4 CITY-ST-ZIP	ORLANDO, FL 32819	
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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99

407-898-7100

Date Daytime Phone #

CR2E037 (11/98)