FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:12

DOCUMENT # N16342 (0)

1. Corporation Name
ASIAN AMERICAN CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
P. O. BOX 947582 MAITLAND FL 32794 US	PO BOX 947582 MAITLAND FL 32794

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1986
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2730508 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CHONG, MR. STEPHEN C. L.
MARKS & CHONG, PA
605 E ROBINSON STREET, STE 510
ORALNDO FL 32801

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 607.0502 and 607.1508, 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 607.0505, 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	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	CHONG, STEPHEN C L	1.2 NAME	Phuc Snipper
STREET ADDRESS	605 E. ROBINSON ST., SUITE 510	1.3 STREET ADDRESS	255 S. Orange Ave., Suite 701
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	VD	2.1 TITLE	VP ☒ Change ☐ Addition
NAME	LEE, MELODY C	2.2 NAME	Michelle Hamada
STREET ADDRESS	1400 W. FAIRBANKS AVE., SUITE 102	2.3 STREET ADDRESS	3791 Lk. Mirage Blvd.
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	Orlando, FL 32817
TITLE	SD	3.1 TITLE	VP ☒ Change ☐ Addition
NAME	SNIPPER, PHUC	3.2 NAME	Kathy Llamas
STREET ADDRESS	1950 SUMMIT PARK BLVD., SUITE 250	3.3 STREET ADDRESS	418 Raymond Ave.
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Longwood, FL 32750
TITLE	TD	4.1 TITLE	SD ☒ Change ☐ Addition
NAME	CHONG, DAVID C.S.	4.2 NAME	John Lie
STREET ADDRESS	8007 S. ORANGE AVE.	4.3 STREET ADDRESS	1001 S. Winter Park Dr.
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Casselberry, FL 32707
TITLE		5.1 TITLE	TD ☒ Change ☐ Addition
NAME		5.2 NAME	Maria Jeffery
STREET ADDRESS		5.3 STREET ADDRESS	1400 W. Fairbanks Ave., Suite 102
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0033128