## FILE NOW: FILING FEE IS \$61.25

NONPROFIT \*CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N16342

(0)

ASIAN AMERICAN CHAMBER OF COMMERCE, INC.

## FILED Feb 26 1998 8:00am Secretary of State

righter companies of a continuous state.								
Principal Place of Business		Mailing Address		I IABISIDI ADI IIDIB DIEBU INIL DIBED IIDE D	611 01911 01911 01011 Q1	OLI KIRII IROL		
P. O. BOX 544 WINTER PARK FL 32790		P. O. BOX 544 WINTER PARK FL 32790			3. Date Incorporated or Qualified			
					07/29/1986			
US		US			4. FEI Number	IAI	oplied For	
					59-3217297	No	ot Applicable	
<b>⊢</b> 1 '	lace of Business	2a. Mailing Address			6. Certificate of Status Desired		Additional	
21	H	26 Cuite Apt # etc				Fee Re		
Suite, Apt. #, etc. Suite		Suite, Apt. #, etc.	uite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to		
City & State City & State						Is this nonprofit corporation a homeowners association?		
23		28			☐ Ye			
Zip	Country	Zip	Countr	У	8. This corporation owes or has paid th			
24	25	<del> </del>	30		Personal Property Tax due June 30.		] No	
	9. Name and Address of Current	Registered Agent	8.	1 1	10. Name and Address of New Regist	ared Agent		
			°	I Warrien	Melody C. Joe			
JEFFERY, MARIA A				Street.	Address (P.O. Box Number is Not Acceptable)		<del></del> -	
CHASTANG, FERRELL, SIMS & EISERMAN			8:	3				
1400 W. FAIRBANKS AVENUE SUITE 102 WINTER PARK FL 32789						<del> </del>		
AAIIATEN	FMNN FL 32/09		84	City		FL  85   Zip (	Code	
11. Pursuant	to the provisions of Sections 617,0502	and 617.1508, Florida Statutes	s, the abov	ve-named	corporation submits this statement for the purpo	ose of changing it	s registered	
office or re	egl <b>at</b> ered agent, or both, in the State of m familiar with, and accept the obliga	of Florida. Such change was au tions of, Section 617.0503, Flor	uthorized b ida Statute	by the corp es.	corporation submits this statement for the purp poration's board of directors. I hereby accept the	appointment as	registered	
SIGNATURE	Ne la glace Me	ody C. Toe Treasu	ner			11/98		
	Stochture, typed or printed harne of registered again	t and title applicable. (NOTE:		gent signature	· · · · · · · · · · · · · · · · · · ·	ATE	0 111 40	
12.	OFFICERS AND	DIRECTORS  DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change	Addition	
TITLE NAME	HARNADA, MICHELLE	U DECEIL	1.2 NAME		PACITA DIMACALI	Q23 Gridings		
STREET ADDRESS	3791 LAKE MIRAGE BLVD				555 LAKE BORDER DR.			
CITY-ST-ZIP	ORLANDO FL 32817		1.4 CITY-		APOPKA PL 32703			
TITLE	Ť	DELETE	2.1 TITLE		<b>D</b>	Change	Addition	
NAME	JEFFERY, MARIA A		2.2 NAME		KHMAR HINDUITA			
STREET ADDRESS	1400 W. FAIRBANKS AVENUE	SUTIE 102	2.3 STREE	T ADDRESS	PO BOX 2208	N/A		
CITY-ST-ZIP	WINTER PARK FL 32709		2.4 CITY	-ST-ZIP	GOLDENROD, FL 32733 -2208.	)		
TITLE	S	<b>⊠</b> DELETE	3.1 TITLE		5	Change	Addition	
NAME ]	TIE, JOHN		3.2 NAME		JEPPREY MANUEL			
STREET ADDRESS		E 500	P	T ADDRESS	33 E.PINE ST			
CITY-ST-ZIP	ORLANDO FL 32319	<b>X</b> DELETE	3.4. CITY-		ORIANDO FL 82801	▼ Change	Addition	
TITLE	O CORDON MITCHELL	AN DECEIE	4.1 TITLE 4.2 NAM		T, D MEWDY JDE	PT CHANGE	Addition	
NAME OTREET ADDRESS	GORDON, MITCHELL 375 DOUGLAS AVE			T ADDRESS	1400 W. PAIRBANKS AVE. SUITE!	02		
STREET ADDRESS	ALTAMONTE SPRINGS FL 327	14	4.4 CITY-		WINTER PARK PL 82189			
CITY-ST-ZIP TITLE	D D	DELETÉ	5.1 TITLE		D D	Change	Addition	
NAME	BAKSH, MUSTAPHA	<del></del>	5.2 NAME		AL SALAZAR	*	_	
STREET ADDRESS	5725 MAJOR BLVD. SUITE 200	<b>,</b>		T ADDRESS	5062 SOWTH CONWAY RD.			
CITY-ST-ZIP	ORLANDO FL 32819		5.4 CITY-		OPLANDO FL 32812			
TITLE	D	DELETE	6.1 TITLE			Change	Addition	
NAME	CHONG, DAVID	-	6.2 NAME					
STREET ADDRESS	8007 S. ORANGE AVENUE		6.3 STREE	T ADDRESS				
OTV 67.20	OPLANDO EL 32800		BAICITY.	CT. 71D				

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.

OLONIATURE.

1.00

Wolder Treasur

2/1/00

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