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Mar 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 749950 (2)

1. Corporation Name

THE CHINESE WELFARE COUNCIL OF MIAMI, INC.

Principal Place of Business

1750 WEST FLAGLER STREET  
MIAMI FL 33135

Mailing Address

1750 WEST FLAGLER STREET  
MIAMI FL 33135-2017

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/28/1979		3a. Date of Last Report 06/14/1996	
21		26		4. FEI Number 59-2018581		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Zip					
24		29					
Country		Country					
25		30					

## 9. Name and Address of Current Registered Agent

LI, PATRICK  
444 NW 97TH PLACE  
MIAMI FL 33172

## 10. Name and Address of New Registered Agent

81 Name	ANTHONY L. CHU		
82 Street Address (P.O. Box Number is Not Acceptable)	1750 W. FLAGLER ST.		
83			
84 City	MIAMI	85 Zip Code	FL 33135

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	LI, PATRICK	1.2 NAME	SHUCK WAH TAM
STREET ADDRESS	444 NW 97TH PLACE	1.3 STREET ADDRESS	1298 NE 160 ST.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	N. MIAMI FL 33162
TITLE	VD	2.1 TITLE	VD
NAME	MOK, TONY	2.2 NAME	JACKY YUEN
STREET ADDRESS	2280 SW 25TH TER.	2.3 STREET ADDRESS	1750 W. FLAGLER ST.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33135
TITLE	T	3.1 TITLE	T
NAME	MOY, HUNG HEE	3.2 NAME	ANTHONY L. CHU
STREET ADDRESS	4240 NW 113TH AVE.	3.3 STREET ADDRESS	1750 W. FLAGLER ST.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33135
TITLE	D	4.1 TITLE	
NAME	MOY, FERNANDO	4.2 NAME	
STREET ADDRESS	3251 EAST 11TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	LOUK, LOUIS	5.2 NAME	
STREET ADDRESS	1750 W. FLAGLER ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 SIGNING OFFICER OR DIRECTOR

DIRECTOR 2/26/97 (305) 649-3309

Date Daytime Phone # 0029056

CR2E037 (9/96)