

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N18558

(9)

95 MAY 25 AM 11:05

1. Corporation Name

ALL CHINA MISSION, INC.

Principal Place of Business

Mailing Address

**3006 WESSEX STREET
ORLANDO FL 32803**

**3006 WESSEX STREET
ORLANDO FL 32803
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/31/1986

3a. Date of Last Report
02/10/1994

4. FEI Number
59-2761734

Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

28 Zip 30 Country

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

10. Name and Address of New Registered Agent

**LEWIS, ALBERT L.
2022 MONTANA STREET
ORLANDO FL 32803**

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

Signature, typed or printed name of registered agent and the # applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LIU, CHE CHI
STREET ADDRESS	3006 WESSEX STREET
CITY - ST - ZIP	ORLANDO FL
TITLE	VD
NAME	LIU, SHAO LAN
STREET ADDRESS	3006 WESSEX STREET
CITY - ST - ZIP	ORLANDO FL
TITLE	VD
NAME	LIU, CHING SI
STREET ADDRESS	3006 WESSEX STREET
CITY - ST - ZIP	ORLANDO FL
TITLE	VD
NAME	LIU, CHING HO
STREET ADDRESS	3006 WESSEX STREET
CITY - ST - ZIP	ORLANDO FL
TITLE	SD
NAME	LIU, MEI CHING
STREET ADDRESS	3006 WESSEX STREET
CITY - ST - ZIP	ORLANDO FL
TITLE	TD
NAME	LIU, MEI LING
STREET ADDRESS	3006 WESSEX STREET
CITY - ST - ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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

CHE CHI LIU

5/19/95
Date

(407) 256-1317
Telephone #