


FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90203 013 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N31079					
1. Corporation Name THE MIAMI CHINESE ALLIANCE CHURCH INCORPORATED					
Principal Place of Business P O BOX 560144 MIAMI FL 33256 US			Mailing Address P O BOX 560144 MIAMI FL 33256 US		



2. Principal Place of Business 21 P. O. Box 560144 Suite, Apt. #, etc. 22 City & State 23 Miami FL Zip Country 24 FL 33256 25		2a. Mailing Address 26 P. O. Box 560144 Suite, Apt. #, etc. 27 City & State 28 Miami, FL Zip Country 29 FL 33256 30		3. Date Incorporated or Qualified 03/09/1989 4. FEI Number 59-0910355 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent TSUI, FU-LUH 8267 SW 128TH ST MIAMI FL 33156				10. Name and Address of New Registered Agent 81 Name TSUI, FU-LUH 82 Street Address (P.O. Box Number is Not Acceptable) 8267 SW 128TH ST #116 83 84 City Miami FL 85 Zip Code 33156			
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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 Fu-Luh Tsui FU-LUH TSUI Jan. 19, 1999
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	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSUI, FU-LUH	1.2 NAME	
STREET ADDRESS	8267 SW 128TH ST #116	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANG, FRANK	2.2 NAME	
STREET ADDRESS	5384 NW 106TH CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WONG, GRACE CHU-MING	3.2 NAME	D WONG, CHU-MING
STREET ADDRESS	86 NE 169TH ST	3.3 STREET ADDRESS	86 NE 169TH ST
CITY-ST-ZIP	MIAMI FL 33162	3.4 CITY-ST-ZIP	MIAMI, FL 33162
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Fu-Luh Tsui **SIGNATURE REQUIRED** FU-LUH TSUI 1.19.1999 305-2327320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)