


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N31371** (0)  
1. Corporation Name  
**CHINESE WOMEN'S CLUB OF GREATER MIAMI, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>13615 S DIXIE HWY<br/>STE #114-388<br/>MIAMI FL 33176-7252<br/>US</b> | Mailing Address<br><b>13615 S DIXIE HWY<br/>STE # 114-388<br/>MIAMI FL 33176-7252<br/>US</b> |
|---|--|

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

|  |                                       |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified<br><b>03/24/1989</b>   | Applied For<br>Not Applicable         |
| 4. FEI Number<br><b>65-0186086</b>   |                                       |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>    |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                       |
| 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent  
**ROMKEY, MAY  
10330 SW 58 COURT  
MIAMI FL 33156**

|  |
|--|
| 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code |
|--|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                       |
|----------------------------|-----------------------|
| TITLE                      | P/D                   |
| NAME                       | ROMKEY, MAY           |
| STREET ADDRESS             | 10330 SW 58 CT.       |
| CITY - ST - ZIP            | MIAMI FL 33156        |
| TITLE                      | A                     |
| NAME                       | HWANG, MARIA          |
| STREET ADDRESS             | 5120 CARILLO ST.      |
| CITY - ST - ZIP            | CORAL GABLES FL 33140 |
| TITLE                      | VP                    |
| NAME                       | HERSHOFF, NANCY S     |
| STREET ADDRESS             | 19440 SE 18TH PL      |
| CITY - ST - ZIP            | N. MIAMI BCH. FL      |
| TITLE                      | VPD                   |
| NAME                       | SU, WEA-CHIN          |
| STREET ADDRESS             | 4885 SW 140TH ST.     |
| CITY - ST - ZIP            | MIAMI FL 33175        |
| TITLE                      | S                     |
| NAME                       | LU, LILY              |
| STREET ADDRESS             | 5131 SW 140TH PL      |
| CITY - ST - ZIP            | MIAMI FL              |
| TITLE                      | D                     |
| NAME                       | LIN, MAGGY            |
| STREET ADDRESS             | 7281 SW 56TH ST.      |
| CITY - ST - ZIP            | MIAMI FL 33155        |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME  |  |
| 1.3 STREET ADDRESS                                    |  |
| 1.4 CITY - ST - ZIP                                   |  |
| 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME  | <b>VP</b>  |
| 2.3 STREET ADDRESS                                    | <b>LEE, Sue Chow</b>   |
| 2.4 CITY - ST - ZIP                                   | <b>21021 NW 24 AVE<br/>N. MIAMI BEACH, FL 33180</b>                          |
| 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  | <b>VP</b>  |
| 3.3 STREET ADDRESS                                    | <b>MUI, MEI MEI</b>  |
| 3.4 CITY - ST - ZIP                                   | <b>11777 SW 132 Place<br/>MIAMI, FL 33186</b>                                |
| 4.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME  | <b>S</b>   |
| 4.3 STREET ADDRESS                                    | <b>HWANG, MARIA</b>  |
| 4.4 CITY - ST - ZIP                                   | <b>5120 Carillo Street<br/>Coral Gables, FL 33146</b>                        |
| 5.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME  | <b>T</b>   |
| 5.3 STREET ADDRESS                                    | <b>Donaldson, Susan Mead</b>   |
| 5.4 CITY - ST - ZIP                                   | <b>16411 SW 82 AVE<br/>MIAMI, FL 33157</b>                                   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME  | <b>D</b>   |
| 6.3 STREET ADDRESS                                    | <b>Yeh, Lydia</b>  |
| 6.4 CITY - ST - ZIP                                   | <b>13145 Old Cutler Road<br/>MIAMI, FL 33156</b>                             |

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.

SIGNATURE: MAY Romkey 4/20/98 305-667-3313

CP2E037 (10/97)