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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N45429** **(0)**

1. Corporation Name
CORAL SPRINGS CHINESE CULTURE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1765 EAGLE TRACE BLVD. CORAL SPRINGS FL 33071	9110 NW 53 STREET CORAL SPRINGS FL 33067-4624 US

3. Date Incorporated or Qualified: 10/03/1991
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business	2a. Mailing Address
21 8343 W. Atlantic Blvd	26 8343 W. Atlantic Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Coral Springs, FL	City & State 28 Coral Springs, FL
Zip 24 33071 Country 25 USA	Zip 29 33071 Country 30 USA

4. FEI Number: 65-0288150 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CHAO, TAI SAN
1765 EAGLE TRACE BLVD.
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name: Tommy Lam
82 Street Address (P.O. Box Number is Not Acceptable): 8343 W. Atlantic Blvd
83
84 City: Coral Springs, FL 85 Zip Code: 33071

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] Tommy Lam President 1/3/97
(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	D	☒ DELETE	1.1 TITLE	Vice-President	☐ Change ☒ Addition
NAME	LUU, THANH		1.2 NAME	Johanna Tang	
STREET ADDRESS	9202 NW 48TH STREET		1.3 STREET ADDRESS	10442 NW 50th Place	
CITY-ST-ZIP	SUNRISE FL		1.4 CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE	VP	☒ DELETE	2.1 TITLE	President	☒ Change ☐ Addition
NAME	LAM, TOMMY		2.2 NAME	Lam, Tommy	
STREET ADDRESS	2484 NW 88 TERR.		2.3 STREET ADDRESS	2484 NW 88 Terrace	
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	P	☒ DELETE	3.1 TITLE	Vice-President	☒ Change ☐ Addition
NAME	FENG, JAMES		3.2 NAME	Feng, James	
STREET ADDRESS	1873 NW 113TH WAY		3.3 STREET ADDRESS	1873 NW 113th Way	
CITY-ST-ZIP	CORAL SPRINGS FL		3.4 CITY-ST-ZIP	Coral Springs, FL	
TITLE	D	☒ DELETE	4.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	CHIU, LUNG		4.2 NAME	AFONSO WONG	
STREET ADDRESS	9110 NW 53RD STREET		4.3 STREET ADDRESS	4811 NW 104 Terrace	
CITY-ST-ZIP	CORAL SPRINGS FL		4.4 CITY-ST-ZIP	Coral Springs FL 33076	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CHAO, TAI-SAN		5.2 NAME		
STREET ADDRESS	1765 EAGLE TRACE BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	YUAN, CHESTER		6.2 NAME		
STREET ADDRESS	1121 NW 78TH AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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] Tommy Lam President 1/3/97 954-723-4966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0025579