

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 19 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997

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



DOCUMENT # N93000002175  
 1. Corporation Name

FLORIDA CHINESE BUSINESS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

300002198833  
 -06/03/97--01004--013  
 \*\*\*61.25

21	5657 S. ORANGE	26	5657 S. ORANGE
22	BLOSSOM TRAIL	27	BLOSSOM TRAIL
23	ORLANDO, FL	28	ORLANDO, FLORIDA
24	32839	29	32839

3. Date incorporated or Qualified	3a. Date of Last Report
05/12/93	02/09/96
4. FEI Number	Applied For / Not Applicable
59-3183876	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BRIAN LIANG  
 1226 E. COLONIAL DR. # B.  
 ORLANDO, FL 32803

10. Name and Address of New Registered Agent

B1 Name: JO LAI  
 B2 Street Address (P.O. Box Number is Not Acceptable): 5657 S. ORANGE BLOSSOM TRAIL  
 B3  
 B4 City: ORLANDO FL 85 Zip Code: 32839

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] JO LAI, PRESIDENT, 04/28/97  
 (NOTE: Registered Agent signature required when re-issuing)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LE LO	
STREET ADDRESS	3300 WINDY WOOD DR.	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PAUL HANG	
STREET ADDRESS	5650 BAYSIDE DR.	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BRIAN LIANG	
STREET ADDRESS	1226 E. COLONIAL DR. # B.	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HSIN CHUNG YU	
STREET ADDRESS	5035 DOWN POINT LANE	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TRUE LIANG SHIH	
STREET ADDRESS	10547 CHERRY OAK CIR.	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ALAIN LUN HUNG TANG	
STREET ADDRESS	1453 SAND LAKE RD	
CITY-ST-ZIP	ORLANDO, FL 32809	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOE LAI	
1.3 STREET ADDRESS	14512 ASTINA WAY	
1.4 CITY-ST-ZIP	ORLANDO, FL 32837	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MIKE FANG	
2.3 STREET ADDRESS	5850 LAKEHURST DR. #290-4	
2.4 CITY-ST-ZIP	ORLANDO, FL 32819	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WINNIE PANG	
3.3 STREET ADDRESS	1225 E. COLONIAL DR.	
3.4 CITY-ST-ZIP	ORLANDO, FL 32803	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FRANK LU	
4.3 STREET ADDRESS	654 GOLDENROD RD	
4.4 CITY-ST-ZIP	ORLANDO, FL 32822	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JIN TOUR VO	
5.3 STREET ADDRESS	6111 W. COLONIAL DR.	
5.4 CITY-ST-ZIP	ORLANDO, FL 32808	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ERIC HAN	
6.3 STREET ADDRESS	2671 LAKE DEBBA DR. #78	
6.4 CITY-ST-ZIP	ORLANDO, FL 32835	

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] JO LAI, PRESIDENT, 4-28-97 (407) 240-8323  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)