

FILE NOW: FILING FEE IS \$61.25

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May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002175 (8)**

1. Corporation Name

FLORIDA CHINESE BUSINESS ASSOCIATION, INC.



Principal Place of Business 5657 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32839	Mailing Address 5657 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32839
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3. Date Incorporated or Qualified 05/12/1993	
4. FEI Number 59-3183876	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LAI, JO 5657 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32839	
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10. Name and Address of New Registered Agent 81 Name PAUL LIAO 82 Street Address (P.O. Box Number is Not Acceptable) 10026 BUNKER RD 83 84 City LEESBURG FL 85 Zip Code 34788	
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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 Paul Liao DATE **4-30-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	LAI, JOE
STREET ADDRESS	14512 ASTINA WAY
CITY-ST-ZIP	ORLANDO FL 32837
TITLE	VD
NAME	FANG, MIKE
STREET ADDRESS	5850 LAKEHURST DR. #290-4
CITY-ST-ZIP	ORLANDO FL 32819
TITLE	VD
NAME	PANG, WINNIE
STREET ADDRESS	1225 E. COLONIAL DR
CITY-ST-ZIP	ORLANDO FL 32803
TITLE	D
NAME	LU, FRANK
STREET ADDRESS	654 GOLDEN ROD RD
CITY-ST-ZIP	ORLANDO FL 32822
TITLE	D
NAME	VO, JIN TOUR
STREET ADDRESS	6111 W. COLONIAL DR.
CITY-ST-ZIP	ORLANDO FL 32808
TITLE	D
NAME	HAN, ERIC
STREET ADDRESS	2671 LAKE DEBBA DR. #718
CITY-ST-ZIP	ORLANDO FL 32835

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD
1.2 NAME	LIAO, PAUL
1.3 STREET ADDRESS	10026 BUNKER RD.
1.4 CITY-ST-ZIP	LEESBURG, FL 34788
2.1 TITLE	VP.D.
2.2 NAME	WAN, GUN
2.3 STREET ADDRESS	2227 S. PINE AVE, #103
2.4 CITY-ST-ZIP	OCALA, FL 34471
3.1 TITLE	VP.D.
3.2 NAME	SU, WENCHANG
3.3 STREET ADDRESS	7012 GREEN PINE CT.
3.4 CITY-ST-ZIP	ORLANDO, FL 32819
4.1 TITLE	D
4.2 NAME	LIAO, BOCHUN
4.3 STREET ADDRESS	4949 INTL DR. # FC-3
4.4 CITY-ST-ZIP	ORLANDO, FL 32819
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: Paul Liao Paul Liao, President 4/1/98 407-898-7144

CR2E037 (10/97)