NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT # N93000002175 V	OK

FLORIDA CHINESE BUSINESS ASSOCIATION, INC.

Mailing Address Principal Place of Business 5657 S. ORMHE BLOSSOM TRAIL

OPLONDO, FL32839

May 13, 1999 8:00 am Secretary of State

05-13-1999 90043 038 ****61.25

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* 5	6 7 5 560759 - 90073 - 26	9 *

2. Principal P	tace of Business	2a. Mailing Address			3. Date incorporated or Qualife	™ \$~/≥·	.05	
21		26 P.O. Box 53	3100			3-/2	<u> </u>	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	2 226		plied For
22		27			59-318	<u> </u>		t Applicable
City & Stat	e –	City & State			5. Certificate of Status Desired	П	\$8.75	
23		28 DELANDO,	<u>├─</u> ∟				Fee Re	
Zip	Country	Zip	Country		6. Election Campaign Financin	g 🗆	\$5.00	, ,
24	25	29 32 853 3	o u	S. A	A . Trust Fund Contribution Added to Fees			
	9. Name and Address of Current	Registered Agent			10. Name and Address of Nev	Registered A	\gent_	
PAUL	Liko		81		AO, BO-44	ntable)		
1000	S BUNKER ROAD		82 Street Address (P.O. Box Number is Not Acceptable)					
1,007,	5 DUNKER KOM		83		. 0	0		
1220	BURG, FL 34788			1002	6 BUNGER	RODD	7-1-2	
~~	, HC 34/88		84	City / E	ESBURG	FL	85 Zlp (788
	to the provisions of Sections 617,0502	and 617 1608 Florida Statutes	the shows	named corror	ration cubmits this statement for th	e purpose of c	handing its	registered
	to the provisions or Sections 617,0502 (registered agent, or both, in the State of um familiar with, and accept the obligation				's board of directors. I hereby acc	ept the appoin	tment as reg	pistered
SIGNATURE	Bo-200 0	Cao. 5-	14-S	79				
	Signature, typed or printed name of perstayed agent a			signature required t	ADDITIONS/CHANGES TO C	DATE	DIPECTO	RS IN 12
12.	OFFICERS AND		13.	P. D		FICERS AND	(X) Change	Addition
TITLE	P.D.	(X) DELETE	1.1 TITLE	1,1			Мота	I .
NAME	LA1, 50		12 NAME	50	- YU LAO			
STREET ADDRESS			1,3 STREET		126 BUNKER ROAD	·		
CITY-ST-ZIP	LEES BURG, FL 34788		1.4 CITY-ST		= SBURY, FL 3478	£		
TITLE	V.P. D.	DE DELETE	2.1 TITLE	7.1	>.		Change	Addition
NAME	WANG, D.		2.2 NAME	Lin	MG, BRIAN			
STREET ADORESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	'a3	23 STREET	ADDRESS 122	6 E. CHLONIAL DR. =	# 6		
CITY-ST-ZIP	OCALA , FL 34471		2.4 OTY-S	T-71P 12/2	LANDO, FC 32803	3		}
III.E	VPD.	☑ DELETE	3.1 TITLE	V.P.			Change	Addition
NAME	Su. W		3.2 NAME	614	NG, PETER			ļ
	'		3.3 STREET	ADDRESS 12	20 E. COLOWING DR			~~
STREET ADDRESS		,	3,4, CITY-S	7 70	LANDO, FL 3280	}		ŀ
CITY-ST-ZIP	DILLONDO, FC 32819	XI DELETE	4.1 TITLE	1-28 (1)82	20.000 / (Change	Addition
TITLE	D B	M. DELETE						
NAME	LIAO, B.	7	4.2 NAME					ļ
STREET ADDRESS		2	4.3 STREET	1				į
CITY-ST-ZIP	ONLANDO, FL 32819		44 CITY-SI	-ZIP			Change	Addition
TITLE		☐ DELETE	5.1 TITLE	ĺ			Change	
NAME	ĺ		52 NAME					-
STREET ADDRESS			5.3 STREET	ADDRESS				i
CITY-ST-ZIP			5.4 CITY-ST	-zep				
TITLE		☐ DELETÉ	6.1 TITLE				Change	Addition
NAME			6.2 NAME	l l				ſ
l			6.3 STREET	ADDRESS				1
STREET ADDRESS			64 CITY-ST					1
CITY-ST-ZZP		abi Chia			ection 119.07(3)(i), Florida Statutes	I further certi	fy that the in	formation

I nereby certify that the information supplied with this hing does not quality for the exemption state in Section 113.07(3)(i), Frontal Statutes. If unter certify that I am an 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:

BRIAN LIBRA, TREASURER

407-898-7144