

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000004662**

1. Corporation Name

CHINESE FEDERATION OF FLORIDA, INC.

Principal Place of Business

1750
1164 W. FLAGLER ST
MIAMI FL 33130
US

Mailing Address

1750 **1164 W. FLAGLER**
MIAMI FL 33130
US

FILED
Aug 13, 1999 8:00 am
Secretary of State

08-13-1999 90015 014 ****61.25

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/08/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0439008	
24 Country		29 Country		5. Certificate of Status Desired	
25		30		8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

CHU, ANTHONY
1750 W. FLAGLER STREET
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name	CHU, ANTHONY
82 Street Address (P.O. Box Number is Not Acceptable)	1750 W. FLAGLER ST.
83	
84 City	MIAMI
85 Zip Code	FL 33135

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, 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	1.1 TITLE	
NAME	FERNANDO, MAY	1.2 NAME	
STREET ADDRESS	1164 W. FLAGLER ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	CHONG, ANDRES	2.2 NAME	
STREET ADDRESS	1164 W. FLAGLER ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	P.D
NAME	SHO, YU WEN	3.2 NAME	TSAI, JOHN
STREET ADDRESS	1750 W. FLAGLER STREET	3.3 STREET ADDRESS	8100 S.W. 92 CT.
CITY-ST-ZIP	MIAMI FL 33135	3.4 CITY-ST-ZIP	MIAMI FL 33173
TITLE	SD	4.1 TITLE	
NAME	YEN, JOHNNA	4.2 NAME	
STREET ADDRESS	1051 S.W. 17ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	TSAI, JOHN	5.2 NAME	
STREET ADDRESS	1164 W. FLAGLER ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	
NAME	CHU, ANTHONY	6.2 NAME	
STREET ADDRESS	1750 W. FLAGLER ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33135	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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED **CHU TD 8/8/99 305-559-9175**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (5/99)