

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N95000000071 (9)**
1. Corporation Name
TAIWAN BUSINESSMEN ASSOCIATION IN FLORIDA, INC.



Principal Place of Business Mailing Address
2 S. BISCAYNE BLVD. SUITE 2600 MIAMI FL 33131

3. Date incorporated or Qualified **01/05/1995** 3a. Date of Last Report
4. FEI Number **65-0547474** 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

2. Principal Place of Business 2a. Mailing Address
21 **8491 N.W. 17 ST.** 26 **8491 N.W. 17 ST.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite # 107** 27 **Suite # 107**
City & State City & State
23 **Miami, Florida** 28 **Miami, Florida**
Zip Country Zip Country
24 **33126** 25 **U.S.A.** 29 **33126** 30 **U.S.A.**

9. Name and Address of Current Registered Agent
WANG, CHENG-SHOU
2 S. BISCAYNE BLVD.
SUITE 2600
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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]* **Registered Agent** DATE: **02-13-96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SU, CHEN-JYI DR.	
STREET ADDRESS	8491 NW 17TH ST., SUITE 107	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	YING, FELIX	
STREET ADDRESS	8491 NW 17TH ST., SUITE 107	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HONG, MAX	
STREET ADDRESS	8491 NW 17TH ST., SUITE 107	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIN, FRANCIS	
STREET ADDRESS	8491 NW 17TH ST., SUITE 107	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HSIEH, JONES	
STREET ADDRESS	8491 NW 17TH ST., SUITE 107	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHI, JUSTIN	
STREET ADDRESS	8491 NW 17TH ST., SUITE 107	
CITY-ST-ZIP	MIAMI FL 33126	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Huang, Jason	
1.3 STREET ADDRESS	8491 NW 17 ST., Suite 107	
1.4 CITY-ST-ZIP	Miami, FL 33126	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hsieh, Jones	
2.3 STREET ADDRESS	8491 NW 17ST., suite 107	
2.4 CITY-ST-ZIP	Miami, FL 33126	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ying, Felix	
3.3 STREET ADDRESS	8491 NW 17 ST., Suite 107	
3.4 CITY-ST-ZIP	Miami, FL 33126	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Chen, Mike	
4.3 STREET ADDRESS	8491 NW 17 ST., suite 107	
4.4 CITY-ST-ZIP	Miami, FL 33126	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Hsieh, Dong-Yan	
5.3 STREET ADDRESS	8491 NW 17 ST., Suite 107	
5.4 CITY-ST-ZIP	Miami, FL 33126	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Sun, Steve	
6.3 STREET ADDRESS	8491 NW 17 ST., suite 107	
6.4 CITY-ST-ZIP	Miami, FL 33126	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* DATE: **2-14-96** Daytime Phone #: **(305) 591-3065**

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13. Additions/Changes to Officers and Directors in 12

7.1 D

Addition

7.2 Tsai, Allen

7.3 8491 N. W. 17 St., Suite 107

7.4 Miami, FL 33126

8.1 D

Addition

8.2 Chen, Ray

8.3 8491 N. W. 17th St., Suite 107

8.4 Miami, FL 33126

9.1 D

Addition

9.2 Liu, Joseph

9.3 8491 N. W. 17th St., Suite 107

9.4 Miami, FL 33126