

FILED

Jul 07 1998 8:00am  
Secretary of State

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---------------------------------------	---

DOCUMENT # 1. Corporation Name  
 N9560000071 JM  
 Taiwan Business Association of Florida, Inc.

Principal Place of Business Mailing Address  
 P.O. Box 593511  
 Miami, FL 33159-3511  
 U.S.

Non-Profit  
DO NOT WRITE IN THIS SPACE

21 Principal Place of Business	2a. Mailing Address	22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	23 City & State	28 City & State	24 Zip	25 Country	29 Zip	30 Country
--------------------------------	---------------------	------------------------	------------------------	-----------------	-----------------	--------	------------	--------	------------

3. Date Incorporated or Qualified	4. FEI Number 65-0547474	Applied Fee Not Applicable
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	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	Kuo-hsin Liang
82 Street Address (P.O. Box Number is Not Acceptable)	7220 NW 36 Street, Ste. 200
83	
84 City	Miami
85 Zip Code	FL 33166

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-appointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 12)	
TITLE	PSTD	1.1 TITLE	Director
NAME	LIANG Kuo-hsin	1.2 NAME	Justin Shih
STREET ADDRESS	7220 NW 36 St, Ste. 200	1.3 STREET ADDRESS	8400 NW 17 St,
CITY-ST-ZIP	Miami, FL 33166	1.4 CITY-ST-ZIP	Miami, FL 33126
TITLE		2.1 TITLE	Director
NAME		2.2 NAME	David Kung
STREET ADDRESS		2.3 STREET ADDRESS	4601 NW 72 Ave
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33166
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

600002581876  
 -07/07/98--01095--015  
 \*\*\*61 25

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 included 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/98 (305)5935434  
Date Daytime Phone #