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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N95000000071 ✓
 1. Corporation Name
TAIWAN BUSINESS ASSOCIATION IN FLORIDA, INC.

Principal Place of Business
 P.O. BOX 593511
 MIAMI FL 33159-3511
 US

Mailing Address
 P.O. BOX 593511
 MIAMI FL 33159-3511
 US

6 8 7 6 4 8
 607640 - 90002 - 23



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 4490 NW 72nd Ave.	01/05/1995
22 City & State	27 City & State	4. FEI Number
23 Zip	28 MIAMI FL	65-0547474
24 Country	29 33166	30 Country
25	30	5. Certificate of Status Desired
		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LIANG, KUO-HSIN 7220 N.W. 38 STREET SUITE 200 MIAMI FL 33166	81 Name RAY CHENG 82 Street Address (P.O. Box Number is Not Acceptable) 4490 NW 72nd AVE. 83 84 City MIAMI FL 85 Zip Code 33166

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIANG, KUO-HSIN	1.2 NAME	RAY CHENG
STREET ADDRESS	7220 N.W. 38 ST., STE. 200	1.3 STREET ADDRESS	4490 NW 72nd Ave.
CITY-ST-ZIP	MIAMI FL 33166	1.4 CITY-ST-ZIP	MIAMI FL 33166
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIH, JUSTIN O	2.2 NAME	
STREET ADDRESS	8400 N.W. 17 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNG, DAVID	3.2 NAME	
STREET ADDRESS	4601 NW 72ND AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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** *DAVID KUNG* July 8, 1999 305-716-9000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)