

FILE NOW: FILING FEE IS \$61.25

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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001245 (8)**

1. Corporation Name

BUDDAH'S LIGHT INTERNATIONAL ASSOCIATION OF FLORIDA, INC.

Principal Place of Business
**5100 HOWELL BRANCH RD
WINTER PARK FL 32792**

Mailing Address
**5100 HOWELL BRANCH RD
WINTER PARK FL 32792-8010**



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 03/08/1995	3a. Date of Last Report 05/01/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 22-3173075	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SIU, RACHEL L
5100 HOWELL BRANCH RD
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent

81 Name Nadia Y. m. Liu
82 Street Address (P.O. Box Number is Not Acceptable) 7421 NW 35th CT
83 City Lauderhill
84 State FL
85 Zip Code 33319

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **3/6/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHIEH, CHIH-SHIN		1.2 NAME Nadia Y. m. Liu	
STREET ADDRESS 636 FISHTAIL PALM BLVD		1.3 STREET ADDRESS 7421 NW 35th CT	
CITY-ST-ZIP MELBOURNE FL 32901		1.4 CITY-ST-ZIP Lauderhill, FL 33319	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHEN, KEN		2.2 NAME Melling Chen	
STREET ADDRESS 2537 BAYFRONT PKWY		2.3 STREET ADDRESS 7227 Humterdon Dr.	
CITY-ST-ZIP ORLANDO FL 32806		2.4 CITY-ST-ZIP Orlando, FL 32835	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIU, RACHEL		3.2 NAME Rena Wong	
STREET ADDRESS 5100 HOWELL BRANCH RD		3.3 STREET ADDRESS 2860 SW 22nd Ave #408	
CITY-ST-ZIP WINTER PARK FL 32792		3.4 CITY-ST-ZIP Delray Bch, FL 33445	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Linda Liu	
STREET ADDRESS		4.3 STREET ADDRESS 1509 Island way	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Ft. Lauderdale, FL 33326	
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 do 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.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR