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 FLORIDA DEPART CORPORATION Kathering				Aug 11, 199 Secretary	9 8:00 am of State	
ANNUAL REPORT s			Secretary of State		•		_
-	RPORATIONS		08-11-1999 90004 0)27 ****/0.00	=		
DOCUMENT # N9500003101							=
UNITED ASIAN COMMUNITY, INC.							=
Principal Place of Business Mailing Address					* ⁶ 604211 ⁴ - 90604 -		
275 96TH N. UNIT #1 275 96TH N. UNIT #1 ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702							
2. Principal Place of Business 2a. Mailing Address					3. Date Incorporated or Qualifed		
21		26 Suite Ant # ato			06/23/1995 4. FEI Number	Applied For	\neg
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27					59-3225 <u>660</u>	Not Applicable	e
	City & State			5. Certifcate of Status Desired X Fee Require		\$8.75 Additional Fee Required	<u></u>
Zip	Country	Zip [29] 30	Country		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24	25 9. Name and Address of Current				10. Name and Address of New Registere		
			81 Name				
				Addres	s (P.O. Box Number is Not Acceptable)		
275 96TH N. UNIT #1 ST. PETERSBURG FL 33702							
84 City					F	85 Zip Code	\dashv
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. 1 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE							
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	(2/99)
NAME	PD Vorasarn, Chantho,	X OELETE	1.1 TITLE 1.2 NAME	VD KEG	PHILA VONGSAVANH		
STREET ADDRESS	275 96TH N. UNIT #1		1.3 STREET ADDRESS	63.	51-80HAVE. N.		E037
CITY-ST-ZIP	ST. PETERSBURG FL 33702		1.4 CITY-ST-ZIP	PIN	IELLAS PARK, FL 33781	Change 🔀 Additio	
TITLE			2.1 TITLE	D	SANT SANT	🗌 Change 🛛 🕅 Additic	‴∖ ⊂ ≣
NAME STREET ADDRESS	FUNG, PAUL Y 275 96TH N. UNIT #1		2.3 STREET ADDRESS	54	NDY SAN 20-38+ AVE N.		=
-CITY-ST-ZIP	-ST-PETERSBURG FL-33702		-2:4 CITY-6T-ZIP	-37-	PETERSBURG, FL 33710		= =
TITLE ,	STD		3.1 TITLE	D	VALLE VALLE	Change Additio	יי ^{ייע}
NAME STREET ADDRESS	PHIET, PHAM 5421 70TH LANE N		3.2 NAME 3.3 STREET ADDRESS	181	, KEVIN KANE B-29th AVE N.		
CITY-ST-ZIP	ST PETERSBURG FL 33709		3.4. CITY-ST-ZIP	57.	PETERSBURG, FL. 337/3		_ =
TILE	D	DELETE	4.1 TITLE			Change 🗌 Addition	
	KWOH, HENRY S.		4.2 NAME 4.3 STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	275 96th ave n. St. Petersburg FL 33702		4.4 CITY-ST-ZIP				
TITLE	D		5.1 TITLE			Change Addition	n
	BRADLEY, P J		5.2 NAME 5.3 STREET ADDRESS				
STREET ADDRESS	10033 9TH ST N ST PETERSBURG FL 33716		5.4 CITY-ST-ZIP	ļ			
TITLE	D		6.1 TITLE			Change Addition	n
NAME	DURAI, ANU		6.2 NAME				
STREET ADDRESS	3561 Shoreline Cir Palm Harbor FL 34683		6.3 STREET ADDRESS 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 effectment with an address, with all other like empowered. 							
SIGNATURE: 2 GHATURE RECUBED 8-3-99 (727)577-7633							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							

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