

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001776 (1)**

1. Corporation Name

**ASIAN-AMERICAN CHAMBER OF COMMERCE OF SOUTH FLORIDA, INC.**

Principal Place of Business

Mailing Address

**100 N.E. THIRD AVENUE  
SUITE 400  
FT. LAUDERDALE FL 33301**

**100 N.E. THIRD AVENUE  
SUITE 400  
FT. LAUDERDALE FL 33301**



3. Date Incorporated or Qualified

**04/02/1996**

4. FEI Number

**65-0679219**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUSSELL, HOLIDAY H  
10404 DAVIS & SINGERMAN  
100 N.E. THIRD AVE. SUITE 400  
FT. LAUDERDALE FL 33301**

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **JAVELLANA, TY**  
STREET ADDRESS **816 N.E. 27TH AVE.**  
CITY-ST-ZIP **HALLANDALE FL 33009**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **LOUDEN, HENRY**  
STREET ADDRESS **2108 ALTON ROAD**  
CITY-ST-ZIP **MIAMI BEACH FL 33140**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **RUSSELL, HOLIDAY**  
STREET ADDRESS **189 N.W. 106TH AVENUE**  
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **TU, DAVID**  
STREET ADDRESS **16594 N.W. 7TH ST.**  
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **HUI, HAROLD**  
STREET ADDRESS **474 N.E. 210 CIR. TERR**  
CITY-ST-ZIP **NORTH MIAMI FL 33179**

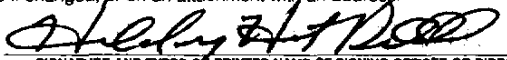
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **MURAOKI, DENNIS**  
STREET ADDRESS **10331 S.W. 80TH ST.**  
CITY-ST-ZIP **MIAMI FL 33173**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
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 attachment with an address

SIGNATURE:

  
HOLIDAY HUNT RUSSELL

**4/27/98**

**954-525-9900**

Date

Daytime Phone # 0035664

CR2E037 (10/97)