

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90036 038 ****61.25

DOCUMENT # N96000001776

1. Corporation Name

ASIAN-AMERICAN CHAMBER OF COMMERCE OF SOUTH FLOR
IDA, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

04/02/1996

4. FEI Number

65-0679219

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

NAME LOUDEN, HENRY
STREET ADDRESS 2108 ALTON ROAD
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE D ☐ DELETE

NAME RUSSELL, HOLIDAY
STREET ADDRESS 180 N.W. 106TH AVENUE
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

NAME MURAOKI, DENNIS
STREET ADDRESS 10331 S.W. 60TH ST.
CITY-ST-ZIP MIAMI FL 33173

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6928 SW 148 LANE
DAVIE, FL 33331

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: *Handwritten Signature*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HOLIDAY RUSSELL 4/16/99 954-525-9900

CR2E037 (11/98)