

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15 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 # **N96000004109 (2)**

1. Corporation Name

**CHINESE-AMERICAN LANGUAGE SCHOOL OF NORTH DADE C
ORP.**

Principal Place of Business

Mailing Address

**1300 NORTHEAST 191 STREET, SUITE 311
MIAMI FL 33179**

**1300 NORTHEAST 191 STREET, SUITE 311
MIAMI FL 33179-4060**



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified 08/06/1996	3a. Date of Last Report
4. FEI Number 65-069-4725	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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	
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134	

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	PD <input checked="" type="checkbox"/> DELETE
NAME	LAI, JUDITH
STREET ADDRESS	1300 NORTHEAST 191 STREET, SUITE 311
CITY-ST-ZIP	MIAMI FL 33179
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	LEE, LILY
STREET ADDRESS	1300 NORTHEAST 191 STREET, SUITE 311
CITY-ST-ZIP	MIAMI FL 33179
TITLE	SD <input type="checkbox"/> DELETE
NAME	PANG, SHEN SHI
STREET ADDRESS	1300 NORTHEAST 191 STREET, SUITE 311
CITY-ST-ZIP	MIAMI FL 33179
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	LIN, LIN
STREET ADDRESS	1300 NORTHEAST 191 STREET, SUITE 311
CITY-ST-ZIP	MIAMI FL 33179
TITLE	D <input type="checkbox"/> DELETE
NAME	SHEU, SUH YUEH
STREET ADDRESS	1300 NORTHEAST 191 STREET, SUITE 311
CITY-ST-ZIP	MIAMI FL 33179
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WU, LILY
STREET ADDRESS	1300 NORTHEAST 191 STREET, SUITE 311
CITY-ST-ZIP	MIAMI FL 33179

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Keno Wang
1.3 STREET ADDRESS	1300 N.E. 191 St. #311
1.4 CITY-ST-ZIP	MIAMI FL 33179
2.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SHEU, SUH YUEH
2.3 STREET ADDRESS	1300 NE 191 ST, #311
2.4 CITY-ST-ZIP	MIAMI, FL 33179
3.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jean Wang
3.3 STREET ADDRESS	1300 NE 191 ST #311
3.4 CITY-ST-ZIP	MIAMI, FL 33179
4.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Phoebe Chang
4.3 STREET ADDRESS	1300 NE 191 ST #311
4.4 CITY-ST-ZIP	MIAMI, FL 33179
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: _____

CR2E037 (9/96)