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FILED
Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 1300 NORTHEAST 191 STREET, SUITE 311 MIAMI FL 33179	Mailing Address 1300 NORTHEAST 191 STREET, SUITE 311 MIAMI FL 33179
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3. Date Incorporated or Qualified

08/06/1996

4. FEI Number

65-0694725

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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 ☐ DELETE

NAME **PD
WANG, KENO**
STREET ADDRESS **1300 NE 191 ST. #311**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **VD
SHEU, SHU YUEH**
STREET ADDRESS **1300 NE 191 ST. #311**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **SD
PANG, SHEN SHI**
STREET ADDRESS **1300 NORTHEAST 191 STREET, SUITE 311**
CITY-ST-ZIP **MIAMI FL 33179**

TITLE ☐ DELETE

NAME **SD
WANG, JEAN**
STREET ADDRESS **1300 NE 191 ST #311**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **D
SHEU, SUH YUEH**
STREET ADDRESS **1300 NORTHEAST 191 STREET, SUITE 311**
CITY-ST-ZIP **MIAMI FL 33179**

TITLE ☐ DELETE

NAME **T
CHANG, PHOEBE**
STREET ADDRESS **1300 NE 191 ST. #311**
CITY-ST-ZIP **MIAMI FL**

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

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:

Hsuan H. Phoebe Chang

CR2E037 (10/97)