


FILE NOW: FILING FEE IS \$61.25

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Mar 12 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 # N97000001543  
1. Corporation Name

ASIAN AMERICAN CHAMBER OF COMMERCE  
INTERNATIONAL, INC.

Principal Place of Business  
2771-25 MONUMENT ROAD  
#181  
JACKSONVILLE, FL 32225-2597

Mailing Address  
2771-25 Monument Rd  
#181  
Jacksonville, FL 32225-2597

3. Date Incorporated or Qualified  
03/17/1997

4. FEL Number  
59-3439481

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SANDERS, KEVIN  
817 WILLOW BRANCH AVE  
JACKSONVILLE, FL 32205 US

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P/C
STREET ADDRESS		1.3 STREET ADDRESS	CONNIE BURGOS (D)
CITY-ST-ZIP		1.4 CITY-ST-ZIP	1689 PONDEROSA PINES DR E. JACKSONVILLE, FL 32225
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	V
STREET ADDRESS		2.3 STREET ADDRESS	ANTONIO DESILVA-ROXAS
CITY-ST-ZIP		2.4 CITY-ST-ZIP	365 SECOND ST ATLANTIC BEACH, FL 32233
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	D
STREET ADDRESS		3.3 STREET ADDRESS	BERNARD TA (D)
CITY-ST-ZIP		3.4 CITY-ST-ZIP	5124 ENSIGN AVE JACKSONVILLE, FL 32244
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D
STREET ADDRESS		4.3 STREET ADDRESS	EDWARD 100002455071
CITY-ST-ZIP		4.4 CITY-ST-ZIP	EDWARD 013/88698--01094--016 1879 DENVER RD JACKSONVILLE, FL 32216
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D
STREET ADDRESS		5.3 STREET ADDRESS	CARLOS OTEYZA (D)
CITY-ST-ZIP		5.4 CITY-ST-ZIP	6144 GAZEBO PARK PL S #101 JACKSONVILLE, FL 32211
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	T
STREET ADDRESS		6.3 STREET ADDRESS	JOHNATHAN TAMARES
CITY-ST-ZIP		6.4 CITY-ST-ZIP	6477 103RD STREET JACKSONVILLE, FL 32210

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Connie Burgos* *Connie Burgos* Feb. 23, 1998 904/221-2207

CR2E037 (10/97)