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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000006711

1. Corporation Name

THE LAC HONG FOUNDATION, INC.

Principal Place of Business

4125 SW 148 TERRACE
MIRAMAR FL 33027

Mailing Address

4125 SW 148 TERRACE
MIRAMAR FL 33027

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/23/1998	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		4. FEI Number	
22		27		65-0879409	
City & State		City & State		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		25		28	
Country		Country		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHU, YEN BA
4125 SW 148 TERRACE
MIRAMAR FL 33027

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	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CHU, YEN BA	1.2 NAME	
STREET ADDRESS	4125 SW 148 TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33027	1.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TRAN, LAM HUU	2.2 NAME	
STREET ADDRESS	5441 NE 22 TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	2.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PHAM, HUNG VAN	3.2 NAME	
STREET ADDRESS	5855 - 63 ST., N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	3.4 CITY-ST-ZIP	
TITLE	DS ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	THAN, LAI THAN	4.2 NAME	
STREET ADDRESS	10401 NW 7 ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	4.4 CITY-ST-ZIP	
TITLE	DT ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BUI, TAM MINH	5.2 NAME	
STREET ADDRESS	14711 SW 178 TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33187	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 817, 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:

SIGNATURE REQUIRED 4/7/1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-41798