


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Feb 16 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P96000070371 (5)
1. Corporation Name
ASIAN/FLORIDA INVESTMENT CO., INC.



Principal Place of Business 816 NORTH MILLS AVENUE ORLANDO FL 32803	Mailing Address 816 NORTH MILLS AVENUE ORLANDO FL 32803
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/23/1996	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-3400715	Applied For Not Applicable
23. Zip	25. Country	28. Zip	30. Country	6. 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 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 MARKS, ROBERT O ESQ 200 EAST ROBINSON STREET SUITE 885 ORLANDO FL 32801				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 FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	NAME	11. TITLE	12. NAME
	P HUNG KIM CHAU, HUNG KIM	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	816 NORTH MILLS AVENUE	13. STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	14. CITY-ST-ZIP	
	82 V.P. GUANG CHAU, QUANG VI	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3660 GATHN PLACE CIR.	22. NAME	
CITY-ST-ZIP	ORLANDO FL 32812	23. STREET ADDRESS	
	CHAU, VI HUNG TREASURER	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1206 S. CONWAY RD.	3.1. TITLE	
CITY-ST-ZIP	ORLANDO, FL 32802	3.2. NAME	
	CHAU, KIM LANG SECRETARY	3.3. STREET ADDRESS	
STREET ADDRESS	1206 S. CONWAY RD.	3.4. CITY-ST-ZIP	
CITY-ST-ZIP	ORLANDO, FL 32812	4.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2. NAME	
STREET ADDRESS		4.3. STREET ADDRESS	
CITY-ST-ZIP		4.4. CITY-ST-ZIP	
		5.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2. NAME	
CITY-ST-ZIP		5.3. STREET ADDRESS	
		5.4. CITY-ST-ZIP	
STREET ADDRESS		6.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		6.2. NAME	
		6.3. STREET ADDRESS	
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; that I am the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  *v.p. 2/2/98*

CR2E034 (10/97)