

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 MAY - 1 PH 6:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762203 (8)
1. Corporation Name
PHILIPPINE AMERICAN ASSOCIATION OF SOUTH FLORIDA INC.

Principal Place of Business: 10380 NW 17TH COURT PLANTATION FL 33322
Mailing Address: 10380 NW 17TH COURT PLANTATION FL 33322

3. Date Incorporated or Qualified: 05/19/1982
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2674451
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. Nonprofit with IRS 501(c)(3) Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-23) and Mailing Address (2a-24) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: PALMA, LIBERTAD A. DR. 10380 NW 17TH COURT PLANTATION FL 33322
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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 registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: LIBERTAD, PALMA	1.1 TITLE: P	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 10380 NW 17TH COURT	CITY - ST - ZIP: PLANTATION FL	1.2 NAME: Libertad Palma	
		1.3 STREET ADDRESS: 10380 N.W. 17th Ct	
		1.4 CITY - ST - ZIP: Plantation, FL 33322	
TITLE: V	NAME: DIOSDADO, GALINDO	2.1 TITLE: V	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 10431 NW 17TH PLACE	CITY - ST - ZIP: PEMBROKE PINES FL	2.2 NAME: Alfredo Lapuz - Vice President	
		2.3 STREET ADDRESS: 17817 N.W. 16th St	
		2.4 CITY - ST - ZIP: Pembroke Pines, FL	
TITLE: T	NAME: LAPUZ, FLORIDA D	3.1 TITLE: T	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 17817 NW 16TH STREET	CITY - ST - ZIP: PEMBROKE PINES FL	3.2 NAME: Greg Esteban	
		3.3 STREET ADDRESS: 5951 N.E. 1st Terrace	
		3.4 CITY - ST - ZIP: Ft. Lauderdale, FL 33334	
TITLE: S	NAME: HOOPER, SONIA F	4.1 TITLE: S	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 8933 SW 59TH STREET	CITY - ST - ZIP: COOPER CITY FL	4.2 NAME: Gina Escano	
		4.3 STREET ADDRESS: 8928 N.W. 8th Place	
		4.4 CITY - ST - ZIP: Plantation, FL 33324	
TITLE: D	NAME: GUTIERREZ, GIL	5.1 TITLE: D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 5830 NW 81ST TERRACE	CITY - ST - ZIP: PARKLAND FL	5.2 NAME: Eduardo Villacorta	
		5.3 STREET ADDRESS: 5811 S.W. 85th Terrace	
		5.4 CITY - ST - ZIP: Cooper City, FL 33328	
TITLE: D	NAME: LAPUZ, ALFREDO P	6.1 TITLE: D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 17817 NW 16TH STREET	CITY - ST - ZIP: PEMBROKE PINES FL	6.2 NAME: Nash Calairo	
		6.3 STREET ADDRESS: 439 Sandalwood Lane	
		6.4 CITY - ST - ZIP: Boca Raton, FL 33487	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Libertad A. Palma M.D. 3/30/95 305-476-3602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)