

FILE NOW: FILING FEE IS \$61.25

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**Apr 20 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762203 (8)

1. Corporation Name
PHILIPPINE AMERICAN ASSOCIATION OF SOUTH FLORIDA, INC.



Principal Place of Business 3801 N. FEDERAL HWY P.O. BOX 5369 POMPANO BEACH FL 33074	Mailing Address P.O. BOX 5369 POMPANO BEACH FL 33074-5369
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3. Date Incorporated or Qualified 05/19/1982
4. FEI Number 59-2674451
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 8180 NW 47 DRIVE Suite, Apt. #, etc.	2a. Mailing Address 26 3009 NW 120 WAY Suite, Apt. #, etc.
22 City & State 23 CORAL SPRINGS, FL.	27 City & State 28 SUNRISE, FL.
24 Zip 33067	25 Country
29 Zip 33323	30 Country

5. Certificate of Status Desired <input checked="" 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

**GAUDIOSI, JOHN
3801 N. FEDERAL HWY
POMPANO BEACH FL 33064**

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 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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABRIGO, RICHARD	1.2 NAME	P PRECY LIM
STREET ADDRESS	490 MARTIN ROAD	1.3 STREET ADDRESS	8180 NW 47 DRIVE
CITY-ST-ZIP	MARGATE FL 33068	1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON, ALICE	2.2 NAME	LITO T. GOMEZ
STREET ADDRESS	1200 SW 12TH ST	2.3 STREET ADDRESS	3009 NW 120 WAY
CITY-ST-ZIP	DEERFIELD BEACH FL 33341	2.4 CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRIAS, DENCY	3.2 NAME	NIDA O. WINNETT
STREET ADDRESS	5160 SW 19TH ST.	3.3 STREET ADDRESS	11761 SW 52ND COURT
CITY-ST-ZIP	PLANTATION FL 33317	3.4 CITY-ST-ZIP	COOPER CITY, FL 33330
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEARDSHAW, EDYNA	4.2 NAME	RIC GARCIA
STREET ADDRESS	4810 NW 11TH ST	4.3 STREET ADDRESS	1085 DEERWOOD LANE
CITY-ST-ZIP	LAUDERHILL FL 33313	4.4 CITY-ST-ZIP	WESTON, FL 33326
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOMAN, BERTHO	5.2 NAME	NASH CALAIRO
STREET ADDRESS	11600 NW 20TH ST	5.3 STREET ADDRESS	690 KINGSBRIDGE ST. APT. 8
CITY-ST-ZIP	PLANTATION FL 33323	5.4 CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALINDO, DIOSDADO	6.2 NAME	JOHN GAUDIOSI
STREET ADDRESS	11871 SW 43RD ST	6.3 STREET ADDRESS	P.O. BOX 5369, 3801 N. FEDERAL HWY
CITY-ST-ZIP	DAVIE FL 33330	6.4 CITY-ST-ZIP	POMPANO BEACH, FL 33074

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: _____ DATE: **4-11-98**

CR2E037 (10/97)