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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N04106** (3)
1. Corporation Name
VIETNAM VETERANS OF AMERICA, CHAPTER 121, MIAMI, FLORIDA, INC.

Principal Place of Business Mailing Address
**45 ALMERIA AVE. P.O. BOX 16-1018
CORAL GABLES FL 33134 MIAMI FL 33116-1018**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/10/1984	3a. Date of Last Report 06/03/1994
4. FEI Number 59-2508621	Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 14-2141
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Coral Gables, FL.
Zip 24	Country 29 33114-2141

9. Name and Address of Current Registered Agent
**DEREMER, JACK
5720 HAWKES BLUFF AVE.
DAVE FL 33331**

10. Name and Address of New Registered Agent
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 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 _____ (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	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORGSMANN, ROBERT	1.2 NAME	
STREET ADDRESS	6231 SW 153 CTR. RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33193	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMANUS, STACEY	2.2 NAME	
STREET ADDRESS	216 CALBRIA AVE. #4	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASHBROOK, GARY	3.2 NAME	
STREET ADDRESS	P.O. BOX 650512 N/A	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33265-0512	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, DANIEL	4.2 NAME	AQUILA, RAYMOND
STREET ADDRESS	2201 NW 84TH AVE. APT. 7	4.3 STREET ADDRESS	6100 SW 84 AVE
CITY - ST - ZIP	SUNRISE FL 33312	4.4 CITY - ST - ZIP	MIAMI, FLORIDA 33143
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, GARY H.	5.2 NAME	ORTIZ, EPIE
STREET ADDRESS	12270 SW 30 ST.	5.3 STREET ADDRESS	11794 SW 273 LN
CITY - ST - ZIP	MIAMI FL 33175	5.4 CITY - ST - ZIP	Homestead, FL. 33032
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Powers William
STREET ADDRESS		6.3 STREET ADDRESS	28300 SW 147 AVE #4-7
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Homestead, FL. 33033

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: Robert W. Borgmann **Robert W. Borgmann** 4/27/95 305-375-2135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #