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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04106 (3)

1. Corporation Name
VIETNAM VETERANS OF AMERICA, CHAPTER 121, MIAMI, FLORIDA, INC.



Principal Place of Business 45 ALMERIA AVE. CORAL GABLES FL 33134	Mailing Address P O BOX 14-2141 CORAL GABLES FL 33114-2141 US
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3. Date Incorporated or Qualified 07/10/1984	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-2508621	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DEREMER, JACK
5720 HAWKES BLUFF AVE.
DAVIE FL 33331**

10. Name and Address of New Registered Agent

81 Name Gerald S. Gainsley
82 Street Address (P.O. Box Number is Not Acceptable) 3340 SW 16 Terr
83 City Miami, Florida 33140
84 City Miami FL 85 33140

11. Pursuant to the provisions of Sections 617.0503 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 *Gerald S. Gainsley* (NOTE: Registered Agent signature required when reinstating) DATE **April 1, 1997**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORGMANN, ROBERT	1.2 NAME	Weber, Michael
STREET ADDRESS	6231 SW 153 CTR. RD.	1.3 STREET ADDRESS	PO Box 416154 n/a
CITY-ST-ZIP	MIAMI FL 33193	1.4 CITY-ST-ZIP	Miami Beach, Florida 33141
TITLE	D <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LASHBROOK, GARY	3.2 NAME	Sobrino, Carlos
STREET ADDRESS	P.O. BOX 650512 N/A	3.3 STREET ADDRESS	1182 Meadowlark Ave.
CITY-ST-ZIP	MIAMI FL 33265-0512	3.4 CITY-ST-ZIP	Miami Springs, Florida 33166
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AQUILA, RAYMOND	4.2 NAME	McManus, Bruce
STREET ADDRESS	6100 SW 84TH AVE	4.3 STREET ADDRESS	13630 SW 96 St
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, Florida 33186
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTEZ, EPIE	5.2 NAME	
STREET ADDRESS	11794 SW 273RD LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAINSLEY, GERALD S	6.2 NAME	
STREET ADDRESS	3340 SW 16 TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Gerald S. Gainsley 305

CR2E037 (9/96)