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

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N38946 (2)

1. Corporation Name
BAYANIHAN INTERNATIONAL LADIES ASSOCIATION, INC.

Principal Place of Business 1224 FOREST CIRCLE ALTAMONTE SPRINGS FL 32714	Mailing Address 1224 FOREST CIRCLE ALTAMONTE SPRINGS FL 32714
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3. Date Incorporated or Qualified 06/19/1990		
4. FEI Number 59-3017343	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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. 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		

2. Principal Place of Business 21 1228 FOREST CIRCLE 22 ALTAMONTE SPRINGS, FL 23 City & State 24 Zip 32714	2a. Mailing Address 26 1228 FOREST CIRCLE 27 ALTAMONTE SPRINGS, FL. 28 City & State 29 Zip 32714 30 Country USA
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9. Name and Address of Current Registered Agent

**FONTANILLA, LEILANI M.
1224 FOREST CIRCLE
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name **JULIEANN W. CRUZ**
82 Street Address (P.O. Box Number is Not Acceptable)
1228 FOREST CIRCLE
83
84 City **ALTAMONTE SPRINGS, FL** 85 Zip Code **32714**

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 **JULIEANN M. CRUZ** *Julieann M. Cruz* **JANUARY 12, 1998**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FONTANILLA, LEILANI M.	
STREET ADDRESS	1224 FOREST CIRCLE	
CITY-ST-ZIP	ALTAMONTE SPGS. FL	
TITLE	VPO	<input checked="" type="checkbox"/> DELETE
NAME	ARCAMO, MARIA	
STREET ADDRESS	3062 LAHARIAS DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KERR, CICELY	
STREET ADDRESS	1862 CROWLEY CIRCLE EAST	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	YUNK, TERRY J.	
STREET ADDRESS	1278 TIMBERLAND TRAIL	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MAUDEL, STERLING	
STREET ADDRESS	3305 AUTUMN WOOD TRAIL	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CRUZ, JULIEANN M.	
STREET ADDRESS	1228 FOREST CIR.	
CITY-ST-ZIP	ALTAMONTE SPGS. FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT -D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JULIEANN M. CRUZ	
1.3 STREET ADDRESS	1228 FOREST CIRCLE	
1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL. 32714	
2.1 TITLE	VICE PRESIDENT-T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARDEL STERLING	
2.3 STREET ADDRESS	3305 AUTUMN WOOD TRAIL	
2.4 CITY-ST-ZIP	APOPKA, FLORIDA 32703	
3.1 TITLE	CORRESPONDING SECRETARY -T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ANNA CARABALLO	
3.3 STREET ADDRESS	1405 YVONNE STREET	
3.4 CITY-ST-ZIP	APOPKA, FLORIDA 32712	
4.1 TITLE	RECORDING SECRETARY-T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROSA JARAHILLA	
4.3 STREET ADDRESS	155 WILDWOOD DRIVE	
4.4 CITY-ST-ZIP	SANFORD, FLORIDA 32773	
5.1 TITLE	CICELY KERR TREASURER-T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CICELY KERR	
5.3 STREET ADDRESS	1862 CROWLEY CIRCLE EAST	
5.4 CITY-ST-ZIP	LONGWOOD, FLORIDA 32779	
6.1 TITLE	PUBLIC RELATIONS -T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VERLINA SO	
6.3 STREET ADDRESS	1228 FOREST CIRCLE	
6.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FLORIDA 32714	

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 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: *Julieann M. Cruz* **JAN 3 1998** (407) 682-4095

CR2E087 (10/97)