

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

95 AUG -7 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # N41013 (6)**

1. Corporation Name  
**ILOCANO ASSOCIATION OF FLORIDA, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
~~P.O. BOX 684022 MIAMI FL 33268~~ **16300 SW 101 AVE MIAMI, FL 33157**  
~~P.O. BOX 684022 MIAMI FL 33268~~ **16300 SW 101 AVE MIAMI, FL 33157**

3. Date Incorporated or Qualified **11/21/1990** 3a. Date of Last Report **12/07/1994**  
4. FEI Number **65-0169259** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **16300 SW 101 AVE** 26 **16300 SW 101 AVE**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **MIAMI, FL.** 27 **MIAMI, FL.**  
City & State City & State  
23 **MIAMI, FL.** 28 **MIAMI, FL.**  
Zip Country Zip Country  
24 **33157** 25 **0905E** 29 **33157** 30 **0905E**

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) Tax Exempt Status  **FILING FEE IS \$61.25**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
~~ABUAN, NESTOR M. 8498 NW 201 TERR MIAMI FL 33045~~  
**ANNIE NANOWSKY 16300 SW 101 AVE MIAMI, FL. 33157**

10. Name and Address of New Registered Agent  
81 Name **ANNIE NANOWSKY**  
82 Street Address (P.O. Box Number is Not Acceptable) **16300 SW 101 AVE**  
83   
84 City **MIAMI** FL 85 Zip Code **33157**

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 *Annie Nanowsky* DATE **8-1-95**  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>P CD</b>
NAME	<b>ABUAN, NESTOR M</b>
STREET ADDRESS	<del>8498 NW 201 TERR</del>
CITY - ST - ZIP	<del>MIAMI FL 33045</del>
TITLE	<b>S</b>
NAME	<b>DAMATO, FRAN</b>
STREET ADDRESS	<b>14030 APPALACHIAN TR</b>
CITY - ST - ZIP	<b>DAVIE FL 33325</b>
TITLE	<del>T</del>
NAME	<del>REYES, LOLITA</del>
STREET ADDRESS	<del>201 SW 44 PL</del>
CITY - ST - ZIP	<del>BOCA RATON FL 33433</del>
TITLE	<b>CD - P</b>
NAME	<b>NANOWSKY, ANNIE</b>
STREET ADDRESS	<b>16300 SW 101 AVE</b>
CITY - ST - ZIP	<b>MIAMI FL 33157</b>
TITLE	<b>D</b>
NAME	<b>OCAMPO, CRES</b>
STREET ADDRESS	<b>1954 SE DUNBROOKE IR</b>
CITY - ST - ZIP	<b>PORT ST LUCIE FL 34952</b>
TITLE	<del>D</del>
NAME	<del>MERCADO, NELLY</del>
STREET ADDRESS	<del>11025 SW 112 AVE</del>
CITY - ST - ZIP	<del>MIAMI FL 33170</del>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>CHAIRMAN / BOARD OF DIRECTORS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ABUAN, NESTOR M.</b>
1.3 STREET ADDRESS	<b>P.O. BOX 69-5022</b>
1.4 CITY - ST - ZIP	<b>MIAMI, FL 33269</b>
2.1 TITLE	<b>FAN, BENJICE PRES</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>TAN, BENJAMIN</b>
2.3 STREET ADDRESS	<b>12220 GUILTING LN</b>
2.4 CITY - ST - ZIP	<b>BOCA RATON, FL. 33428</b>
3.1 TITLE	<b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>FERNANDEZ, PETER</b>
3.3 STREET ADDRESS	<b>19677 HAMPTON DR.</b>
3.4 CITY - ST - ZIP	<b>BOCA RATON, FL. 33434</b>
4.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>NANOWSKY, ANNIE</b>
4.3 STREET ADDRESS	<b>16300 SW 101 AVE</b>
4.4 CITY - ST - ZIP	<b>MIAMI, FL. 33157</b>
5.1 TITLE	<b>ASST. TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>FORTI, NENA</b>
5.3 STREET ADDRESS	<b>12995 SW 188 ST.</b>
5.4 CITY - ST - ZIP	<b>MIAMI, FL. 33177</b>
6.1 TITLE	<b>ASST. CHAIRMAN BOARD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>DAZONG, ROLANDO</b>
6.3 STREET ADDRESS	<b>9260 SW 102nd ST.</b>
6.4 CITY - ST - ZIP	<b>MIAMI, FL. 33174</b>

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 B17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Annie Nanowsky* DATE: **8-1-95** (305) 2382693  
(Signature and typed or printed name of registered officer or director) (Date) (Typed Name)

CR2E037 (3/95)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
 AMOUNT DUE ON OR BEFORE 8/9/95: \$100 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$500)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N41013 (6)  
 1. Corporation Name  
 ILOCANO ASSOCIATION OF FLORIDA, INC.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D.	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALANCIO, CRIS	1.2 NAME	BATTAD, ROSE
STREET ADDRESS	14800 GARDEN DR.	1.3 STREET ADDRESS	10141 N.W. 24 CT.
CITY-ST-ZIP	N. MIAMI, FL. 33168	1.4 CITY-ST-ZIP	SUNRISE, FL. 33322
TITLE	D.	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARDENAS, NED DR.	2.2 NAME	DE VERA, ARNULFO
STREET ADDRESS	8426 N.W. 201 TERM	2.3 STREET ADDRESS	1465 NW 19th TERM #201
CITY-ST-ZIP	MIAMI, FL. 33015	2.4 CITY-ST-ZIP	MIAMI, FL. 33125
TITLE	D.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TABLISO, NICOLAS	3.2 NAME	BATTAD, ALEX
STREET ADDRESS	151 NW 181 ST.	3.3 STREET ADDRESS	10141 NW 24 CT.
CITY-ST-ZIP	MIAMI, FL. 33168	3.4 CITY-ST-ZIP	SUNRISE, FL. 33322
TITLE	D.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCO, EDWARD	4.2 NAME	
STREET ADDRESS	15564 NW 10th CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL. 33162	4.4 CITY-ST-ZIP	
TITLE	D.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATIAQ, FELIPE	5.2 NAME	
STREET ADDRESS	1035 SW 127 CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33184	5.4 CITY-ST-ZIP	
TITLE	D.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMATO, RALPH	6.2 NAME	
STREET ADDRESS	14030 APPACHIAN TR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL. 33325	6.4 CITY-ST-ZIP	

CR2E037 (3/95)

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 119.07(3)(h), 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 \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR