City & State  State Address of Current Registered Agent  NANOWSKY, ANNIE  18300 SW 101ST AVE  MAMI FL S3315  B3  City & Street Address of New Registered Agent  11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes in the state of Food State Address of New Registered Agent  11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes in the state of Food State Address of New Registered Agent  11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes in the state of Food State Address of New Registered Agent  11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes in the state of Food State Address of New Registered Agent  11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes in the State of Food State Address of New Registered Agent  11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes  Story of the City of State Address of New Registered Agent  11. Pursuant to the provisions of Sections 617 0508 florida Statutes  Story of the City of State Address of New Registered Agent  11. Pursuant to the provisions of Sections 617 0508 florida Statutes  Story of the State Address of New Registered Agent  11. Pursuant to the provisions of Sections 617 0508 florida Statutes  Story of the State Address of New Registered Agent  11. Story of the State Address of New Registered Agent  11. Story of the State Address of New Registered Agent  12. City of the State Address of New Registered Agent  13. Story of the State Address of New Registered Agent  14. City of the State Address of New Registered Agent  15. The State Address of New Registered Agent  16. Th	SECOND	NOTICE: CORPORATION OF A CORPORATION OF	ON WILL BE DISSOL	/ED ON OR AFTER	AUGUS	T 7, 19	196.					
ELOCANO ASSOCIATION OF FLORIDA, INC.  Principal Place of Business  Mailing Address  ISSUE MAIL FLORIST  US  2. Date Procepular of Charling  1/2/11990  1/2/11990  2. Date Procepular of Charling  3. Date of Last Report  1/2/11990  2. Date Procepular of Charling  3. Date of Last Report  1/2/11990  2. Date Procepular of Charling  3. Date of Last Report  1/2/11990  2. Date Procepular of Charling  3. Date of Last Report  1/2/11990  3. Date of Last Report  1/2/1	NONPROFIT CORPORATION ANNUAL REPORT		LES (IF DISSULVED, MI	FLORIDA DEPARI Sandra B Secretari	MENT Mortha	MENT OF STATE  Mortham  of State						
ILOCANO ASSOCIATION OF FLORIDA, INC.  Principal Place of Sutmess  Mailing Address  1600 SW 1015T AVE MAN FL 33157  12	DOCUN 1. Corporation	MENT#	N41013	(6)	-							
Principal Place of Eusiness    1830 SW 1051 AVE   1600 SW 1051 AVE   1600 SW 1051 AVE   172 1/1980   3a. Date of Last Report   172 1/19			N OF FLORIDA. I	NC.								
1500 SW 1015T AVE   1600								I kaankal die biden erder aande lij		DIĀNI <b>ē</b> jāni dien	BARIL BORUL HAGE	
### FL 20157    Principal Place of Business   2a. Malling Address   4. FEI Number   4. Application   5. Application   5. Application   5. Application   5. Application   5. Certification of Status, Desired   5. Certificatio	Principal Place	e of Business	Maili	ng Address								
2. Principal Place of Business	MIAMI FL 331		MIA									
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Suite, Apt #, etc  22)		ace of Business	ļ,	lailing Address		•		4. FEI Number				
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22	22 City & State							5. Certificate of Status Desired				
2p   Country   Zop   Country   2p   Country   8. This corporation has facility for intangible tax under s. 199 032   Planted State   Planted	23		<del></del>	ity & State				, , ,				
9. Name and Address of Current Registered Agent  NANOWSKY, ANNIE 18300 SW 101ST AVE MAMI FL S3315  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 617,0502 and 617 1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office of registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and toth, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and toth, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office of registered agent, and toth, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office of registered agent, and toth, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office of registered agent, and to the purpose of charging list registered office of registered agent, and the corporation's board of directors. I hereby accept the appointment as registered office of registered agent, and the corporation's board of directors. I hereby accept the appointment as registered office of registered agent, and the corporation's board of directors. I hereby accept the appointment as registered office of registered agent, and the corporation's board of directors. I hereby accept the appointment as registered office agent, and the corporation's board of directors. I hereby accept the appointment as registered office agent, and the corporation's board of directors. I hereby accept the appointment as registered office agent, and the corporation's board of directors. I hereby accept the appointment as registered office agent, and the corporation's board of the corpo	Zip <b>24</b>	F=1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			<b>⊢</b>				. This corporation has liability for intangible tax under s. 199.032,			
NANOWSKY, ANNIE 18300 SW 101ST AZE MAMI FL S3315  11. Prejugant 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 signed. I writ familiar with aged special the Sales of Florida Scatch Change was authorized by the corporation's board of directors. I horeby accept the appointment as registered signed. I writ familiar with aged special the Sales of Florida Statutes, the above-named corporation's board of directors. I horeby accept the appointment as registered signed. I writ familiar with aged special the Sales of Florida Statutes. The above-named corporation's board of directors. I horeby accept the appointment as registered signed. I writ familiar with aged special the Sales of Saction Statutes. The above-named corporation's board of directors. I horeby accept the appointment as registered signed. I write familiar with aged special the Sales of Saction Statutes. The above-named corporation's board of directors. I horeby accept the appointment as registered signed. I write familiar with aged special the Sales of Saction Statutes. The above-named corporation's board of directors. I horeby accept the appointment as registered accept accept the appointment as registered a		9. Name and Addres										
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above named comporation submits this statement for the purpose of changing lits registered agent. I am familiar with, age aposph the obligations of, Section 617 0503, Florida Statutes, the above named comporation is board of directors. I hereby accept the obligations of, Section 617 0503, Florida Statutes and agent. I am familiar with age aposph the obligations of, Section 617 0503, Florida Statutes.  SIGNATURE Further for the purpose of changing lits registered agent. I am familiar with, age aposph the obligations of, Section 617 0503, Florida Statutes.  SIGNATURE Further for the purpose of changing lits registered of the purpose of changing lits registered agent. I am familiar with, age aposph the obligations of, Section 617 0503, Florida Statutes.  SIGNATURE Further for the purpose of changing lits registered agent. I am familiar with, agent agent to the purpose of changing lits registered of the purpose of changing lits registered agent. I am familiar with agent agent to the purpose of changing lits registered of the purpose of changing lits registered agent. I am familiar with agent agent to the purpose of changing lits registered agent. I am familiar with agent agent to the purpose of changing lits registered agent. I am familiar with a purpose of changing lits registered agent. I am familiar with agent agent agent. I am familiar with agent agent. I am fam	NAMON	NOWV ANNIE				81 N	ame					İ
MIAMI FL S3315    S4		•				<b>82</b> St	reet Addre	ss (P.O. Box Number is Not Acceptat	ole)			
11. Pursuant to the provisions of Sections 617.0502 and 617 1508. Portidal Statutes, the above-named corporation submits this statement for the purpose of change is registered agent. I am firmliar with, and accept the obligations of, Section 617.0502 (Priorida Statutes) and an immunity and accept the obligations of, Section 617.0502 (Priorida Statutes) and accept the obligations of, Section 617.0502 (Priorida Statutes) and accept the obligations of, Section 617.0502 (Priorida Statutes) and accept the obligations of, Section 617.0502 (Priorida Statutes) and accept the obligations of, Section 617.0502 (Priorida Statutes) and accept the obligations of, Section 617.0502 (Priorida Statutes) and accept the obligations of, Section 617.0502 (Priorida Statutes) and accept the obligations of Section 617.0502 (Priorida Statutes) and accept the obligations of Section 617.0502 (Priorida Statutes) and accept the obligations of Section 617.0502 (Priorida Statutes) and accept the obligations of Section 617.0502 (Priorida Statutes) and accept the obligations of Section 617.0502 (Priorida Statutes) and accept the obligations of Section 617.0502 (Priorida Statutes) and accept the obligations of Section 617.0502 (Priorida Statutes) and accept the obligations of Section 617.0502 (Priorida Statutes) and accept the obligations of Section 617.0502 (Priorida Statutes) and accept the obligations of Section 617.0502 (Priorida Statutes) and accept the obligations of Section 617.0502 (Priorida Statutes) and accept the obligation of Section 617.0502 (Priorida Statutes) and accept the obligation of Section 617.0502 (Priorida Statutes) and accept the obligation of Section 617.0502 (Priorida Statutes) and accept the obligation of Section 617.0502 (Priorida Statutes) and accept the obligation of Section 617.0502 (Priorida Statutes) and accept the obligation of Section 617.0502 (Priorida Statutes) and accept the obligation of Section 617.0502 (Priorida Statutes) and accept the obligation of Section 617.0502 (Priorida Statutes) and accept the obl						83		<del></del>		<del> </del>		
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, and the purpose of changing its registered agent, and the purpose of changing its registered agent. I am femiliar with, agd specept the obligations of, Section 617.0502. Florida Statutes  SIGNATURE			•			<b>84</b> Ci	ity			85 Zio (	Code	
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12. OFFICERS AND DIFFECTORS  ITTLE  CD	SIGNATURE 7	MUX NA	n mudai	ANNIE	NA	NO	ws k	Α 6	-21	96		1
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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 07/39/W. Florida Statutas 1	STREET ADDRESS		DR									
		certify that the informat	ion supplied with this fil	ing is voluntarily furni	6.4 CII shed ar	Y-ST-ZIP	not qualify	for the exemption stated in Section 1	19.07(3)/	), Florida Sta	tutes 1	

for the exemption stated in Section 119 07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report as 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 Bloch12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

BIGHATURE AND TYPEO OR PRINTED NAME OF ANING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Description 119 07(3)(k), Florida Statutes. I further that my signature shall have the same legal effect as if made under oath; 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Bloch12 or Block 13 if changed, or on an attachment with an address.

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