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



Principal Place of Business 16300 SW 101ST AVE MIAMI FL 33157 US	Mailing Address 16300 SW 101ST AVE MIAMI FL 33157-3220 US
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3. Date Incorporated or Qualified 11/21/1990	3a. Date of Last Report 06/25/1996
4. FEI Number 65-0169259	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 type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

**NANOWSKY, ANNIE
16300 SW 101ST AVE
MIAMI FL 33157**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.150B, 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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	ABUAN, NESTOR M	
STREET ADDRESS	P O BOX 69-5022 NA	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TAN, BENJAMIN	
STREET ADDRESS	12220 QUILTING LANE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DAMATO, FRAN	
STREET ADDRESS	14030 APPALACHIAN TR	
CITY-ST-ZIP	DAVE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	NANOWSKY, ANNIE	
STREET ADDRESS	16300 SW 101 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OCAMPO, CRES	
STREET ADDRESS	1954 SE DUNBROOKE IR	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, PETER	
STREET ADDRESS	19677 HAMPTON DR	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANNIE R. NANOWSKY	
1.3 STREET ADDRESS	16300 SW 101 AVE	
1.4 CITY-ST-ZIP	MIAMI, FL. 33157	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BENJAMIN TAN	
2.3 STREET ADDRESS	3840 W. HILLSBORO BLVD.#18	
2.4 CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PETER FERNABDEZ	
3.3 STREET ADDRESS	19677 HAMPTON DR.	
3.4 CITY-ST-ZIP	BOCARATON, FL. 33434	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FRAN DAMATO	
4.3 STREET ADDRESS	14030 APPALACHIAN TRAIL	
4.4 CITY-ST-ZIP	DAVIA, FL. 33325	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *Peter Fernandez* 3-6-97

CRE037 (9/96)