

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:01

DOCUMENT # **N44786** (4)

1. Corporation Name
PHILIPPINE PERFORMING ARTS COMPANY, INC.

Principal Place of Business Mailing Address

5701 N. 20TH ST.
TAMPA FL 33610

5033 BERNADETTE DRIVE
ZEPHYRHILLS FL 33541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/21/1991** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3087640** Applied For Not Applicable

5. Certificate of Status Desired **\$9.75** 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 **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

OMILA, JOSE HORSTMANN
5033 BERNADETTE DRIVE
ZEPHYRHILLS FL 33541-1910

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ICK, WILLIAM R JR	1.2 NAME	SANTIAGO, OLIVIA
STREET ADDRESS	14086 JENNIFER TER	1.3 STREET ADDRESS	791 WEATHERFIELD ST
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	DUNEDIN FL
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSQUERA, BEN P MD	2.2 NAME	
STREET ADDRESS	681 BAY LAUREL CT NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	BD	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILBAO, ED A	3.2 NAME	PIERSON, LIGAYA
STREET ADDRESS	41515 W HANNA AVE	3.3 STREET ADDRESS	4800 HW 301 N
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA, FL 33610
TITLE	BD	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCAMPO, BEN P MD	4.2 NAME	RUELLO, ROBERTO
STREET ADDRESS	12954 FARMINGTON TR	4.3 STREET ADDRESS	16409 ASHWOOD DR
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	TAMPA, FL 33624
TITLE	BD	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTIZ, RAMON Z MD	5.2 NAME	GIANAN, ESTHER
STREET ADDRESS	1445 72ND AVEN NE	5.3 STREET ADDRESS	4618 BAY TO BAY BLVD
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	TAMPA, FL 33629
TITLE	BD	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CMAFRANCA, JUDITH A MD	6.2 NAME	FORONDA, LISA
STREET ADDRESS	111 HICKORY CREEK BLVD	6.3 STREET ADDRESS	PO BOX 1000
CITY-ST-ZIP	BRANDON FL	6.4 CITY-ST-ZIP	ST PETERSBURG, FL 33723

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

SIGNATURE: *Liberty S. Calloway* APR 29, 1995 (813) 588-7028
LIBERTY S. CALLOWAY, TREASURER Date (Optional Page 8)

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PHILIPPINE PERFORMING ARTS CO INC

1995-1997 BOARD OF DIRECTORS

MRS OLIVIA SANTIAGO, CHAIRPERSON
791 WEATHERFIELD STREET
DUNEDIN, FL 34698

MS LISA FORONDA
P O BOX 1000
ST PETERSBURG, FL 33733

MS LIGAYA PIERSON
4800 HIGHWAY 301 NORTH
TAMPA, FL 33610

ROBERTO RUELO, ESQUIRE
16409 ASHWOOD DRIVE
TAMPA, FL 33624

MS ESTHER GIANAN
4618 BAY TO BAY BLVD
TAMPA, FL 33629

OFFICERS

JOSE H. OMILA, EXECUTIVE DIRECTOR
5033 BERNADETTE DRIVE
ZEPHYRHILLS, FL 33541

JOCELYN S. LONTOK, ASST EXECUTIVE DIRECTOR
6407 MOSS WAY
TAMPA, FL 33625

AURORA S. CURIOSO, SECRETARY
408 VAN REED MANOR
BRANDON, FL 33511

LIBERTY S. GALLOWAY, TREASURER
1880 OAK STREET
CLEARWATER, FL 34620

LARI CUMMINGS, BUSINESS MANAGER
4112 APPLEBLOSSOM ROAD
LUTZ, FL 33509

MIROPE CLEEK, AUDITOR
5819 JENNY DRIVE
TAMPA, FL 33617