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Mar 28 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 # N44786 (4)
 1. Corporation Name
PHILIPPINE PERFORMING ARTS COMPANY, INC.



Principal Place of Business 5701 N. 20TH ST. TAMPA FL 33610	Mailing Address 5033 BERNADETTE DRIVE ZEPHYRHILLS FL 33541-1910
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 08/21/1991	3a. Date of Last Report 02/05/1996
4. FEI Number 59-3087640	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	

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

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C <input type="checkbox"/> DELETE
NAME	SANTIANO, OLIVA
STREET ADDRESS	791 WEATHERFIELD DT.
CITY-ST-ZIP	DUNEDIN FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	MOSQUERA, BEN P MD
STREET ADDRESS	681 BAY LAUREL CT NE
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PIERSON, LIGAYA
STREET ADDRESS	4800 HW 301 N
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	RUELO, ROBERTO
STREET ADDRESS	16409 ASHWOOD DR.
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GIANAN, ESTHER
STREET ADDRESS	4618 BAY TO BAY BLVD.
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FORONDA, LISA
STREET ADDRESS	P. O. BOX 1000
CITY-ST-ZIP	ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D WILLIAM CUA, MD
3.3 STREET ADDRESS	6325 GARLAND CT
3.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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, and on any attachments, with an address.

SIGNATURE: *LIBERTY S. CALLOWAY, TREASURER* **MAR 8 1997 (83) 893-2288**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045813

CR2E037 (9/96)