


FILE NOW: FILING FEE IS \$61.25

FILED
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 |
|---|---|---|

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 |
|---|---|

| | |
|--|-------------------------------|
| 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** DATE: **MAR 8 1997 (83) 893-2288**

CR2E037 (9/96)