


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 13 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N44786 (4)**  
1. Corporation Name  
**PHILIPPINE PERFORMING ARTS COMPANY, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>5701 N. 20TH ST.<br/>TAMPA FL 33610</b> | Mailing Address<br><b>5033 BERNADETTE DRIVE<br/>ZEPHYRHILLS FL 33541</b> |
|---|--|

|  |   |  |
|--|---|--|
| 3. Date Incorporated or Qualified<br><b>08/21/1991</b> |   |  |
| 4. FEI Number<br><b>59-3087640</b>                     | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |

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

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>    |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |                                       |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><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**

|  |              |
|--|--------------|
| 81. Name   |              |
| 82. Street Address (P.O. Box Number is Not Acceptable) |              |
| 83. City   |              |
| 84. City <b>FL</b>                                     | 85. 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          | <b>C</b>                     | <input type="checkbox"/> DELETE            |
| NAME           | <b>SANTIANO, OLIVA</b>       |  |
| STREET ADDRESS | <b>791 WEATHERFIELD DT.</b>  |  |
| CITY-ST-ZIP    | <b>DUNEDIN FL</b>            |  |
| TITLE          | <b>VD</b>                    | <input type="checkbox"/> DELETE            |
| NAME           | <b>MOSQUERA, BEN P MD</b>    |  |
| STREET ADDRESS | <b>681 BAY LAUREL CT NE</b>  |  |
| CITY-ST-ZIP    | <b>ST PETERSBURG FL</b>      |  |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> DELETE            |
| NAME           | <b>CUA, WILLIAM MD</b>       |  |
| STREET ADDRESS | <b>6325 GARLAND CT</b>       |  |
| CITY-ST-ZIP    | <b>NEW PORT RICHEY FL</b>    |  |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> DELETE            |
| NAME           | <b>RUELO, ROBERTO</b>        |  |
| STREET ADDRESS | <b>16409 ASHWOOD DR.</b>     |  |
| CITY-ST-ZIP    | <b>TAMPA FL</b>              |  |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> DELETE            |
| NAME           | <b>GIANAN, ESTHER</b>        |  |
| STREET ADDRESS | <b>4618 BAY TO BAY BLVD.</b> |  |
| CITY-ST-ZIP    | <b>TAMPA FL</b>              |  |
| TITLE          | <b>D</b>                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>FORONDA, LISA</b>         |  |
| STREET ADDRESS | <b>P. O. BOX 1000</b>        |  |
| CITY-ST-ZIP    | <b>ST. PETERSBURG FL</b>     |  |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |                                |   |
|--------------------|--------------------------------|---|
| 1.1 TITLE          | <b>D</b>                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           | <b>SANTIANO, OLIVIA</b>        |   |
| 1.3 STREET ADDRESS | <b>791 WEATHERFIELD ST</b>     |   |
| 1.4 CITY-ST-ZIP    | <b>DUNEDIN, FL</b>             |   |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 3.2 NAME           |                                |   |
| 3.3 STREET ADDRESS |                                |   |
| 3.4 CITY-ST-ZIP    |                                |   |
| 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          | <b>C</b>                       | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           | <b>CABINALES, PACITA, MD</b>   |   |
| 6.3 STREET ADDRESS | <b>1522 75B CIRCLE NE</b>      |   |
| 6.4 CITY-ST-ZIP    | <b>ST PETERSBURG, FL 33702</b> |   |

14. I 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 appointed 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 order.

SIGNATURE: **LIBERTY S. GALLOWAY, TREASURER** 3-8-98 813-531-0840

CR2E037 (10/97)