

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P35565** (1)

1. Corporation Name:
PNB REMITTANCE CENTERS, INCORPORATED

Principal Place of Business 3545 WILSHIRE BLVD SUITE B LOS ANGELES CA 90010 US	Mailing Address 3545 WILSHIRE BLVD SUITE B LOS ANGELES CA 90010-2368 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/19/1991	3a. Date of Last Report 02/22/1996
21		26		4. FEI Number 94-3136317	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent

**INES, NELSON E.
7609 WINTERSHADE DR.
ORLANDO FL 32822**

10. Name and Address of New Registered Agent

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

Signature, typewritten or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUMEN, OSCAR D	
STREET ADDRESS	6324 CREBS AVENUE	
CITY-ST-ZIP	RESEDA CA	
TITLE	C	<input type="checkbox"/> DELETE
NAME	ARANETA, VALENTIN	
STREET ADDRESS	688 J. ABAD SANTOS ST., SAN JUAN	
CITY-ST-ZIP	METRO MANILA PH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAMINOLA, PEDRO C JR	
STREET ADDRESS	9145 WILSHIRE, BLVD	
CITY-ST-ZIP	BEVERLY HILLS CA	
TITLE	O	<input type="checkbox"/> DELETE
NAME	MANUEL, LEOPOLDO A.	
STREET ADDRESS	44 SCHOTLAND ST. BETTER LIVING SUBD	
CITY-ST-ZIP	PARANAQUE PH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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	<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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

OSCAR D. LUMEN 1/14/97 213 3864454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

**PNB****REMITTANCE CENTERS, INC.****An Affiliate of Philippine National Bank**

FLORIDA DEPARTMENT OF STATE
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
OF PNB REMITTANCE CENTERS, INC. (Block 13)
Document #P35565

<u>Name</u>	<u>Title</u>	<u>Address</u>
Peter Favila	D	PNB Financial Center Roxas Blvd. cor Sen Gil Puyat Pasay City, Manila, Philippines
Jeremias Carolino	D	9145 Wilshire Blvd. Beverly Hills, CA 90210
Armando Macalino	D	556 Fifth Avenue, New York, NY 10036
Alfred Alejandrino	S	9145 Wilshire Blvd. Beverly Hills, CA 90210
