FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04106 (3)

1. Corporation Name

VIETNAM VETERANS OF AMERICA, CHAPTER 121, MIAMI, FLORIDA, INC.

Principal Place of Business	Mailing Address
45 ALMERIA AVE. CORAL GABLES FL 33134	P.O. BOX 16-1018 MIAMI FL 33116-1018

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1984
3a. Date of Last Report: 06/03/1994
4. FEI Number: 59-2508621 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 14-2141
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Coral Gables, FL.
Zip 24 / Country 25	Zip 29 33114-2141 / Country 30

5. Certificate of Status Desired ☐ **$8.75** 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DEREMER, JACK 5720 HAWKES BLUFF AVE. DAVIE FL 33331	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BORGMANN, ROBERT	1.2 NAME	
STREET ADDRESS	6231 SW 153 CTR. RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33193	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MCMANUS, STACEY	2.2 NAME	
STREET ADDRESS	216 CALBRIA AVE. #4	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	LASHBROOK, GARY	3.2 NAME	
STREET ADDRESS	P.O. BOX 650512 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33265-0512	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	PEREZ, DANIEL	4.2 NAME	D AQUILA, RAYMOND
STREET ADDRESS	2201 NW 64TH AVE. APT. 7	4.3 STREET ADDRESS	6100 SW 84 AVE
CITY-ST-ZIP	SUNRISE FL 33313	4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33143
TITLE	D	5.1 TITLE	D ☒ Change Addition
NAME	LEE, GARY R.	5.2 NAME	ORTIZ, EPPIE
STREET ADDRESS	12270 SW 30 CT.	5.3 STREET ADDRESS	11794 SW 273 LN
CITY-ST-ZIP	MIAMI FL 33175	5.4 CITY-ST-ZIP	Homestead, FL. 33032
TITLE		6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	Powers, William
STREET ADDRESS		6.3 STREET ADDRESS	28300 SW 147 Ave #M-7
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Homestead, FL. 33033

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 119.07(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: _____ Robert W. Borgmann 4/27/95 305-375-2135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #