

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

APPROVED
AND
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97 JUL -9 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NON-PROFIT

CORPORATION
ANNUAL REPORT

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

DOCUMENT # 715173 (1) 01/24/97
1. Corporation Name

Post No. 8193, Veterans of Foreign Wars of the U.S.

Principal Place of Business
U.F.W. Post 8193
757 ALI BABA AVENUE
OPA-LOCKA, FLORIDA
33054

Mailing Address
U.F.W. Post 8193
757 ALI BABA AVENUE
OPA-LOCKA, FLORIDA
33054

NON-PROFIT

2. Principal Place of Business 21 SAMS	2a. Mailing Address 26 SAMS	3. Date Incorporated or Qualified 08/27/1968	3a. Date of Last Report 01/23/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-619820	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HENRY J. HOEAN
5400 N.W. 150th APT-804
OPA-LOCKA, FLORIDA 33054

10. Name and Address of New Registered Agent

81 Name **EDWARD P. KOESEN**
82 Street Address (P.O. Box Number is Not Acceptable)
2841 N.W. 132 TERRACE
83
84 City **OPA-LOCKA** FL 85 Zip Code **33054**

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 **Edward P. Koesen** **Edward P. Koesen** DATE **20, JUN 97**
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D EDWARD A KOESEN	1.2 NAME	
STREET ADDRESS	2841 N.W. 132 TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OPA-LOCKA, FL 33054	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	60000223 01163-008
NAME	D JOSEPH DYKES	2.2 NAME	-07/14/97-01163-008
STREET ADDRESS	740 WEST DRIVE	2.3 STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP	OPA-LOCKA, FL 33054	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D VICTOR PEREZ	3.2 NAME	
STREET ADDRESS	66 FISHERMAN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	OPA-LOCKA-FL 33054	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D RALPH F. DELINNOY	4.2 NAME	
STREET ADDRESS	4840 NW 120 ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA, FL 33054	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Edward P. Koesen**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/97 **305/685-8633**
Date Daytime Phone #

CR2E034 (9/96)