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NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 715620 (1)

1. Corporation Name

FILIPINO-AMERICAN ASSOCIATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
~~15925 SW 105TH COURT~~ ~~7690 SW 128TH STREET~~ ~~MIAMI FL 33157~~ ~~US~~	FILIPINO AMERICAN ASS'N OF FLORIDA ~~15925 SW 105TH COURT~~ ~~MIAMI FL 33157~~ ~~US~~

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 7690 S.W. 128th St.	26 127 N.W. 152nd Ln.	11/22/1968	04/07/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☐ Applied For
22 Miami, Florida	27 Pembroke Pines	23-7283890	☐ Not Applicable
City & State	City & State	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
23	28 Florida	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
24 33157 / 25 U.S.	29 33028 / 30 U.S.		

9. Name and Address of Current Registered Agent

~~DURIA ROLANDO F~~
~~15925 SW 105TH COURT~~
~~MIAMI FL 33157~~

10. Name and Address of New Registered Agent

81 Name: Rolando F. Duria
82 Street Address (P.O. Box Number is Not Acceptable)
83 ~~127 N.W. 152nd Ln.~~
84 City: Pembroke Pines **FL** 85 Zip Code: 33028

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ABUEG, MAURA 225 NW 129TH ST. MIAMI FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DURIA, ERLINDA S 15925 SW 105TH COURT MIAMI FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Galindo, Diana M.D. 7251 S.W. 133 Terrace Miami, Florida 33156	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DURIA, ROLANDO F 15925 SW 105TH COURT MIAMI FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D DURIA, Rolando, F. 127 N.W. 152nd Ln. Pembroke Pines, Florida 33028	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ZARCO, SOLEDAD A. 7690 SOUTHWEST 128TH STREET MIAMI FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAGDAG, ROLANDO 9240 SW 102 ST MIAMI, FL 00000	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	V	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CIOCON, JERRY O. 7360 SW 121 ST. MIAMI FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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: MAURA A. ABUEG (Treasurer) 4/23/96 (305) 681 0395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #