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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715620

1. Corporation Name

FILIPINO-AMERICAN ASSOCIATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
7690 SW 128TH ST 7690 SW 128TH STREET MIAMI FL 33157 US	127 NW 152ND LANE PEMBROKE PINES FL 33028-822 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	11/22/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7283890 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROLANDO F. DURIA 127 NW 152ND LN PEMBROKE PINES FL 33028	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 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	T	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ABUEG, MAURA		1.2 NAME		
STREET ADDRESS	225 NW 129TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SISON, JAMIE		2.2 NAME		
STREET ADDRESS	9179 FOUNTAINBLEAU BLVD, #4		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DURIA, ROLANDO F		3.2 NAME		
STREET ADDRESS	127 NW 152ND LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		3.4. CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ZARCO, SOLEDAD A.		4. 2 NAME		
STREET ADDRESS	7690 SOUTHWEST 128TH STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DAGDAG, ROLANDO		5.2 NAME		
STREET ADDRESS	9240 SW 102 ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		5.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	CIOCON, JERRY O.		6.2 NAME		
STREET ADDRESS	7360 SW 121 ST.		6.3 STREET ADDRESS	812 Crestview Circle	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	Weston, Florida 33327	

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 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, with all other like empowered.

SIGNATURE: MAURA ABUEG SIGNATURE REQUIRED April 13, 1999 (305) 681-0395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037-(11/98)

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