


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90052 007 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N04106</b>					
1. Corporation Name <b>VIETNAM VETERANS OF AMERICA, CHAPTER 121, MIAMI, FLORIDA, INC.</b>					
Principal Place of Business <b>45 ALMERIA AVE.          CORAL GABLES FL 33134</b>			Mailing Address <b>P O BOX 14-2141          CORAL GABLES FL 33114-2141          US</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/10/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2508261	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GAINSLEY, GERALD S.          3340 SW 16 TERR          MIAMI FL 33145</b>				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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEBER, MICHAEL			1.2 NAME			
STREET ADDRESS	PO BOX 416154 N/A			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BCH FL			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCMANUS, STACEY			2.2 NAME	Thorp., John		
STREET ADDRESS	216 CALBRIA AVE. #4			2.3 STREET ADDRESS	12370 SW 225 St.		
CITY-ST-ZIP	CORAL GABLES FL 33134			2.4 CITY-ST-ZIP	Miami, Florida 33170	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE			
NAME	SOBRINO, CARLOS			3.2 NAME			
STREET ADDRESS	1182 MEADOWLARK AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI SPRINGS FL			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCMANUS, BRUCE			4.2 NAME			
STREET ADDRESS	13630 SW 96 ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ORTEZ, EPPIE			5.2 NAME			
STREET ADDRESS	11794 SW 273RD LANE			5.3 STREET ADDRESS			
CITY-ST-ZIP	HOMESTEAD FL			5.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEE, GARY E			6.2 NAME			
STREET ADDRESS	12270 SW 30TH ST			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL FL			6.4 CITY-ST-ZIP			

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** *Gary E Lee* **SIGNATURE REQUIRED** April 7, 1999 305-995-3022  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0028680

CR2E037 (1/1/98)