

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 MAY -1 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N09142** (3)
1. Corporation Name
THE FILIPINO COMMUNITY ASSOCIATION OF FLORIDA, I NC.

Principal Place of Business Mailing Address
105 NE 130 ST N MIAMI FL 33161 US
105 NE 130 ST N MIAMI FL 33161 US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/08/1985** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0174633** Applied For Not Applicable

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
CACAYAN, ERNESTO V
105 NE 130 ST
N MIAMI FL 33161

10. Name and Address of New Registered Agent
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 *Ernesto V. Cacayan* *President* DATE **4-29-95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CACAYAN, ERNESTO V	1.2 NAME	
STREET ADDRESS	105 NE 130 ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAO, JOSEPH	2.2 NAME	700001489647
STREET ADDRESS	1050 NE 154 TE	2.3 STREET ADDRESS	-05/17/95--01007--004
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	****155.00 ****155.00
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UPRIGHT, MYKE	3.2 NAME	
STREET ADDRESS	2050 NE 195 ST 1550 NE 123 ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, RIC	4.2 NAME	
STREET ADDRESS	1085 DEERWOOD LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALMAZIO, NESTOR	5.2 NAME	
STREET ADDRESS	185 NE 120 ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARQUADO, BENJAMIN	6.2 NAME	
STREET ADDRESS	12300 SW 187 ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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: *Ernesto V. Cacayan* / *President* DATE **4-29-95**
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR