

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
 1996



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

FILED  
 96 AUG 23 AM 7:55  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **NO9142**  
 1. Corporation Name

**The FILIPINO COMMUNITY ASSOCIATION OF FLORIDA, INC**

700001984877  
 -08/28/96--01057--001  
 \*\*\*\*\*70.00 \*\*\*\*\*70.00

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified **MAY 8, 1985** 3a. Date of Last Report

2. Principal Place of Business  
 21 **MIAMI, FLORIDA**  
 Suite, Apt #, etc.  
 22 **1160 NE 134 ST**  
 City & State  
 23 **NO. MIAMI, FL**  
 Zip **33161** Country **U.S.A**

4. FEI Number **65-0114633**  
 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**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent  
 81 Name **TED L. RAVELO**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 **1160 NE 134 ST.**  
 84 City **NORTH MIAMI** FL 85 Zip Code **33161**

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 **Ted L. Ravelo**  
 Signature, typed or printed name of registered agent and title if applicable

**7-21-96**  
 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	<b>PRESIDENT - D</b>
STREET ADDRESS		13 STREET ADDRESS	<b>TED L. RAVELO</b>
CITY - ST - ZIP		14 CITY - ST - ZIP	<b>1160 NE 134 ST.</b>
TITLE	<input checked="" type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	<b>VICE - PRESIDENT - D</b>
STREET ADDRESS		23 STREET ADDRESS	<b>RUBEN TRINIDAD</b>
CITY - ST - ZIP		24 CITY - ST - ZIP	<b>1221 NE 131 FL 33161</b>
TITLE	<input checked="" type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	<b>SECRETARY - D</b>
STREET ADDRESS		33 STREET ADDRESS	<b>JOY PRACHAYASATIRKUL</b>
CITY - ST - ZIP		34 CITY - ST - ZIP	<b>1791 NE 134 ST</b>
TITLE	<input checked="" type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	<b>TREASURER - D</b>
STREET ADDRESS		43 STREET ADDRESS	<b>LEILA DALIO</b>
CITY - ST - ZIP		44 CITY - ST - ZIP	<b>13401 NW 1ST AVE</b>
TITLE	<input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	<b>2ND VICE-PRES - D</b>
STREET ADDRESS		53 STREET ADDRESS	<b>LITO GOMEZ</b>
CITY - ST - ZIP		54 CITY - ST - ZIP	<b>3009 NW 120 WAY</b>
TITLE	<input checked="" type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	<b>DIRECTOR - D</b>
STREET ADDRESS		63 STREET ADDRESS	<b>BLESILDA CHAVEZ</b>
CITY - ST - ZIP		64 CITY - ST - ZIP	<b>970 NE 136 ST</b>

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: **Ted L. Ravelo - President**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-21-96 (205) 895-0325**  
 Date: Daytime Phone:

CR2E037 (3/96)