

FILE NOW: FILING FEE IS \$61.25

FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09142 (3)
1. Corporation Name
THE FILIPINO COMMUNITY ASSOCIATION OF FLORIDA, I NC.



Principal Place of Business 1160 N.E. 134 STREET N MIAMI FL 33161	Mailing Address 1160 N.E. 134 STREET N MIAMI FL 33161-4253
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3. Date Incorporated or Qualified 05/08/1985	3a. Date of Last Report 08/23/1996
4. FEI Number 65-0174633	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**RAVELO, TED L
1160 N.E. 134 STREET
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
85 Zip Code **FL**

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	PD RAVELON, TEDESTO V L 1160 N.E. 134 STREET N MIAMI FL 33161	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD TRINIDAD, RUBEN 1221 NE 131 N MIAMI FL 33161	1.2 NAME	
STREET ADDRESS	SD PRACHAYASATIERKUL, JOY 1791 NE 139 STREET N MIAMI FL 33181	1.3 STREET ADDRESS	
CITY-ST-ZIP	TD DALID, LEILA 13491 NW 1ST AVENUE N MIAMI FL 33168	1.4 CITY-ST-ZIP	
TITLE	VD GOHEZ, LITO 3009 NW 120 WAY SUNRISE FL 33323	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CADVEZO, BLESILDA 970 NE 138 STREET N MIAMI FL 33161	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**RAVELO, TED L.
1160 NE 134 ST.
NO. MIAMI, FL 33161**

**VD
GOHEZ, MIKE
921 NE 158 ST.
NO. MIAMI, FL 33162**

**CHAVEZ, BLESILDA
970 NE 138 ST
NO. MIAMI, FL 33161**

14. I do 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.

SIGNATURE: _____ DATE: **4-21-97** DAYTIME PHONE: **(305) 895-0325**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)