

FILE NOW: FILING FEE IS \$61.25

FILED
May 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

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



Principal Place of Business 1160 N.E. 134 STREET N MIAMI FL 33161	Mailing Address 1160 N.E. 134 STREET N MIAMI FL 33161
---	---

3. Date Incorporated or Qualified 05/08/1985	
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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
---	--

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
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

TITLE	PO	<input type="checkbox"/> DELETE
NAME	RAVELO, TED L	
STREET ADDRESS	1160 N.E. 134 STREET	
CITY-ST-ZIP	N MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TRINIDAD, RUBEN	
STREET ADDRESS	1221 NE 131	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PRACHAYASATIERKUL, JOY	
STREET ADDRESS	1701 NE 139 STREET	
CITY-ST-ZIP	N MIAMI FL 33181	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DALID, LEILA	
STREET ADDRESS	13491 NW 1ST AVENUE	
CITY-ST-ZIP	N MIAMI FL 33168	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GOZON, MIKE	
STREET ADDRESS	921 NE 158TH ST	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAVEZ, BLESILDA	
STREET ADDRESS	970 NE 138 STREET	
CITY-ST-ZIP	N MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	1ST VICE - PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRACHAYASATIERKUL, JOY
2.3 STREET ADDRESS	1711 NE 139 ST
2.4 CITY-ST-ZIP	NO. MIAMI, FL 33181
3.1 TITLE	2ND VICE - PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOSE JOAQUIN
3.3 STREET ADDRESS	1120 SW 8TH TERRACE
3.4 CITY-ST-ZIP	PAMBROKE PINES, FL 33005
4.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RAZ, OLITE F.
4.3 STREET ADDRESS	2020 NE 135 ST # 1008
4.4 CITY-ST-ZIP	NO. MIAMI FL 33181
5.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TERESITA REYNO
5.3 STREET ADDRESS	17605 SW 20 ST
5.4 CITY-ST-ZIP	MIRAMAR, FL 33029
6.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	RUBEN TRINIDAD
6.3 STREET ADDRESS	1221 NE 131 ST
6.4 CITY-ST-ZIP	NO. MIAMI, FL 33161

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.

SIGNATURE: *Ted Ravelo* - TED L. RAVELO - PRESIDENT 4 26 98 (305) 945 0925

CR2E037 (10/97)