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May 27, 1999 8:00 am
Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N09142

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

30

3. Date Incorporated or Qualified

05/08/1985

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

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 617.1508, 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RAVELO, TED L	
STREET ADDRESS	1160 N.E. 134 STREET	
CITY-ST-ZIP	N MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TRINIDAD, RUBEN	
STREET ADDRESS	1221 NE 131	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE	FVP	<input type="checkbox"/> DELETE
NAME	PRACHAYASATIERKUL, JOY	
STREET ADDRESS	1791 NE 139 STREET	
CITY-ST-ZIP	N MIAMI FL 33181	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	JOAQUIN, JOSE	
STREET ADDRESS	1120 SW 87TH TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RAZ, OLITE F.	
STREET ADDRESS	2020 NE 135TH ST #1008	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	T	<input type="checkbox"/> DELETE
NAME	REYNO, TERESITA	
STREET ADDRESS	17605 SW 20TH ST	
CITY-ST-ZIP	MIRAMAR FL 33029	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

Ted L Ravelo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)