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Jul 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12243 (4)

1. Corporation Name
THE PHILIPPINE NURSES ASSOCIATION OF FLORIDA, INC.



Principal Place of Business 7360 SW 121ST ST MIAMI FL 33156 US	Mailing Address 7360 SW 121ST ST MIAMI FL 33156-5307 US
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3. Date Incorporated or Qualified 11/25/1985	3a. Date of Last Report 03/20/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	26. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 65-0037822	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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	

9. Name and Address of Current Registered Agent

**PRESLEY, MICHAEL R., ESQ.
888 S. ANDREWS AVE., SUITE 305
FT. LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	CIOCON, DAISY PH.D A NP
STREET ADDRESS	7360 SW 121ST ST.
CITY-ST-ZIP	MIAMI FL 33156
TITLE	AS D <input checked="" type="checkbox"/> DELETE
NAME	MONEDA, GIGI W.
STREET ADDRESS	17051 NE 31 ST., #209
CITY-ST-ZIP	N. MIAMI BEACH FL 33140
TITLE	D <input type="checkbox"/> DELETE
NAME	LAZO, VICTORIA
STREET ADDRESS	11271 SW 176 ST
CITY-ST-ZIP	MIAMI FL, 33157
TITLE	D <input type="checkbox"/> DELETE
NAME	CALIBAG, ELIZABETH
STREET ADDRESS	820 NE 47th ST 8763 NW 151 TER
CITY-ST-ZIP	N MIAMI BEACH FL MIAMI LAKES, FL 33018
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SIMPAO, FRANCES
STREET ADDRESS	7601 E TRAIL DR., #1222
CITY-ST-ZIP	N MIAMI BCH. FL
TITLE	D VP <input checked="" type="checkbox"/> DELETE
NAME	GONZALES HELEN GONZALES-KRANZEL,
STREET ADDRESS	16050 NE 18TH PLACE
CITY-ST-ZIP	N MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANNABELLE SCOTT
1.3 STREET ADDRESS	8745 SW 143 ST
1.4 CITY-ST-ZIP	MIAMI, FL. 33176
2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TORRES-BURGOS, MARIA SOCORRO
2.3 STREET ADDRESS	214 SW 25th Ter,
2.4 CITY-ST-ZIP	MIAMI, FL. 33133
3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FORTE, NENA C.
3.3 STREET ADDRESS	12995 SW 18th ST
3.4 CITY-ST-ZIP	MIAMI, FL. 33177
4.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GARCIA, TESS
4.3 STREET ADDRESS	1085 DEERWOOD LANE
4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33324
5.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GONZALES-KRANZEL, HELEN
5.3 STREET ADDRESS	408 CAMERON DR.
5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33324
6.1 TITLE	AUDITOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ARZADON, FREDA
6.3 STREET ADDRESS	10661 SW 67th ST
6.4 CITY-ST-ZIP	MIAMI, FL. 33173

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 _____

CR2E037 (9/96)