


FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>7360 SW 121ST ST MIAMI FL 33156 US</b>	Mailing Address <b>7360 SW 121ST ST MIAMI FL 33156-5307 US</b>	3. Date Incorporated or Qualified <b>11/25/1985</b>	3a. Date of Last Report <b>03/20/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	4. FEI Number <b>65-0037822</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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  <b>PRESLEY, MICHAEL R., ESQ. 888 S. ANDREWS AVE., SUITE 305 FT. LAUDERDALE FL 33316</b>		10. Name and Address of New Registered Agent  <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE <b>CIOCON, DAISY PH.D A NP 7360 SW 121ST ST. MIAMI FL 33156</b>	1.1 TITLE <b>CS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>AS D</b>	<input checked="" type="checkbox"/> DELETE <b>MONEDA, GIGI W. 17051 NE 31 ST., #209 N. MIAMI BEACH FL 33140</b>	1.2 NAME <b>ANNABELLE SCOTT</b>	
STREET ADDRESS <b>D</b>	<input type="checkbox"/> DELETE <b>LAZO, VICTORIA 11271 SW 176 ST MIAMI FL, 33157</b>	1.3 STREET ADDRESS <b>8745 SW 143 ST</b>	
CITY-ST-ZIP <b>D</b>	<input type="checkbox"/> DELETE <b>CALIBAG, ELIZABETH 820 NE 47th ST 8763 NW 151 TERR N MIAMI BEACH FL MIAMI LAKES, FL 33018</b>	1.4 CITY-ST-ZIP <b>MIAMI, FL 33176</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>SIMPAO, FRANCES 7601 E TRAIL DR., #1222 N MIAMI BCH. FL</b>	2.1 TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>D</b>	<input type="checkbox"/> DELETE <b>GONZALES, HELEN GONZALES-KRANZEL, HE</b>	2.2 NAME <b>TORRES-BURGOS, MARIA SOCORRO</b>	
STREET ADDRESS <b>D</b>	<input checked="" type="checkbox"/> DELETE <b>10661 SW 67th ST</b>	2.3 STREET ADDRESS <b>2144 SW 25th Ter.</b>	
CITY-ST-ZIP <b>D</b>	<input type="checkbox"/> DELETE <b>MIAMI, FL 33173</b>	2.4 CITY-ST-ZIP <b>MIAMI, FL 33133</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>ARZADON, FREDA</b>	3.1 TITLE <b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>D</b>	<input type="checkbox"/> DELETE <b>10661 SW 67th ST</b>	3.2 NAME <b>FORTE, NENA C.</b>	
STREET ADDRESS <b>D</b>	<input type="checkbox"/> DELETE <b>MIAMI, FL 33173</b>	3.3 STREET ADDRESS <b>12995 SW 18th ST</b>	
CITY-ST-ZIP <b>D</b>	<input type="checkbox"/> DELETE <b>MIAMI, FL 33173</b>	3.4 CITY-ST-ZIP <b>MIAMI, FL 33177</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>10661 SW 67th ST</b>	4.1 TITLE <b>AT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>D</b>	<input type="checkbox"/> DELETE <b>MIAMI, FL 33173</b>	4.2 NAME <b>GARCIA, TESS</b>	
STREET ADDRESS <b>D</b>	<input type="checkbox"/> DELETE <b>MIAMI, FL 33173</b>	4.3 STREET ADDRESS <b>1085 DEERWOOD LANE</b>	
CITY-ST-ZIP <b>D</b>	<input type="checkbox"/> DELETE <b>MIAMI, FL 33173</b>	4.4 CITY-ST-ZIP <b>FT. LAUDERDALE, FL 33324</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>MIAMI, FL 33173</b>	5.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>D</b>	<input type="checkbox"/> DELETE <b>MIAMI, FL 33173</b>	5.2 NAME <b>GONZALES-KRANZEL, HELEN</b>	
STREET ADDRESS <b>D</b>	<input type="checkbox"/> DELETE <b>MIAMI, FL 33173</b>	5.3 STREET ADDRESS <b>408 CAMERON DR.</b>	
CITY-ST-ZIP <b>D</b>	<input type="checkbox"/> DELETE <b>MIAMI, FL 33173</b>	5.4 CITY-ST-ZIP <b>FT. LAUDERDALE, FL 33324</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>MIAMI, FL 33173</b>	6.1 TITLE <b>AUDITOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>D</b>	<input type="checkbox"/> DELETE <b>MIAMI, FL 33173</b>	6.2 NAME <b>ARZADON, FREDA</b>	
STREET ADDRESS <b>D</b>	<input type="checkbox"/> DELETE <b>MIAMI, FL 33173</b>	6.3 STREET ADDRESS <b>10661 SW 67th ST</b>	
CITY-ST-ZIP <b>D</b>	<input type="checkbox"/> DELETE <b>MIAMI, FL 33173</b>	6.4 CITY-ST-ZIP <b>MIAMI, FL 33173</b>	

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.

CR2E037 (9/96)