

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N14372 (9)					
1. Corporation Name FILIPINO-AMERICAN ASSOCIATION OF BREVARD COUNTY, FLORIDA, INC.					
Principal Place of Business C/O HIRFA SIAN 1801 HARDIN LANE PALM BAY FL 32905 US			Mailing Address C/O HIRFA SIAN 1801 HARDIN LN. PALM BAY FL 32905 US		
2. Principal Place of Business 21 1016 MARY JOYE AVE.		2a. Mailing Address 26 1016 MARY JOYE AVE.		3. Date Incorporated or Qualified 04/15/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3063767	
City & State 23 INDIAN HARBOR BEACH, FL		City & State 28 INDIAN HARBOR BEACH, FL		☒ Applied For ☐ Not Applicable	
Zip 24 32937		Country 25 US		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
Country 29 32937		Country 30 US		6. Election Campaign Financing Trust Fund Contribution ☒ \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No					
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No					
9. Name and Address of Current Registered Agent HIRFA SIAN 1801 HARDIN LANE PALM BAY FL 32905					
10. Name and Address of New Registered Agent 81 Name LUCY CERDENA 82 Street Address (P.O. Box Number Is Not Acceptable) 1016 MARY JOYE AVE 83 84 City INDIAN HARBOR BEACH FL 85 Zip Code 32937					

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 **LUCY CERDENA - PRESIDENT** *Luz C. Cerdena* **7/6/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	☒ DELETE		1.1 TITLE	P	☒ Change ☐ Addition	
NAME	FAHL, MATHEW			1.2 NAME	LUCY CERDENA		
STREET ADDRESS	1448 NORBERT RD NE			1.3 STREET ADDRESS	1016 MARY JOYE AVE		
CITY-ST-ZIP	PALM BAY FL			1.4 CITY-ST-ZIP	INDIAN HARBOR BEACH, FL 32937		
TITLE	P	☒ DELETE		2.1 TITLE	VEN MONTOYA	☒ Change ☐ Addition	
NAME	HUSS, STEVE			2.2 NAME	121 NANTUCKET LANE		
STREET ADDRESS	1299 OERRY AVE NW			2.3 STREET ADDRESS	PALM BAY, FL 32907		
CITY-ST-ZIP	PALM BAY FL			2.4 CITY-ST-ZIP			
TITLE	S	☒ DELETE		3.1 TITLE	T	☒ Change ☐ Addition	
NAME	BARACHINA, PANCY			3.2 NAME	NORA WADE		
STREET ADDRESS	800 DAMASK ST. N.E.			3.3 STREET ADDRESS	130 VIN ROSE CIRCLE SE		
CITY-ST-ZIP	PALM BAY FL 32907			3.4 CITY-ST-ZIP	PALM BAY, FL 32909		
TITLE	T	☒ DELETE		4.1 TITLE	S	☒ Change ☐ Addition	
NAME	HIRFA, SIAN			4.2 NAME	GINA ZIMMERMAN		
STREET ADDRESS	1801 HARDIN LANE			4.3 STREET ADDRESS	321 POLARIS DR.		
CITY-ST-ZIP	PALM BAY FL			4.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32987		
TITLE	D	☒ DELETE		5.1 TITLE	D	☒ Change ☐ Addition	
NAME	CERDENA, LUCY			5.2 NAME	DR. PIO SIAN		
STREET ADDRESS	1016 MARY JOYE AVE.			5.3 STREET ADDRESS	1801 HARDIN LANE		
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937			5.4 CITY-ST-ZIP	PALM BAY, FL 32905		
TITLE	D	☒ DELETE		6.1 TITLE	D	☒ Change ☐ Addition	
NAME	AYSON, CONNIE			6.2 NAME	ROMY DELA PAZ		
STREET ADDRESS	270 N GROVE DR.			6.3 STREET ADDRESS	3234 ABBOT AVE. NE		
CITY-ST-ZIP	MERRITT ISLAND FL 32953			6.4 CITY-ST-ZIP	PALM BAY, FL 32905		

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: **LUCY CERDENA** *Luz C. Cerdena*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jul 22 1998 8:00am
Secretary of State



CR2E037 (5/98)

7/6/98 407-779-1818
Date Daytime Phone #