FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N21731** **(7)**

1. Corporation Name

UNITED FILIPINO AMERICAN ASSOCIATION OF PALM BEACH COUNTY, INC.

Principal Place of Business	Mailing Address
2051 45TH STREET STE. 102 W.P.B. FL 33407 04	2051 45TH STREET STE. 102 W.P.B. FL 33407 04

3. Date Incorporated or Qualified: 07/28/1987
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business
21 3199 LAKE WORTH Rd.
22 Suite, Apt. #, etc. SUITE B-4
23 City & State: LAKE WORTH, FL.
24 Zip: 33461 25 Country: PALM BEACH

2a. Mailing Address
26 3199 LAKE WORTH Rd.
27 Suite, Apt. #, etc. SUITE B-4
28 City & State: LAKE WORTH, FL.
29 Zip: 33461 30 Country: PALM BEACH

4. FEI Number: 59-2836761 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GUTIERREZ, LINO B II
2051 44TH ST. #102
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81 Name: ESTHER BARRAMEDA, M.D.
82 Street Address (P.O. Box Number Is Not Acceptable): 3199 LAKE WORTH Rd.
83 SUITE B-4
84 City: LAKE WORTH FL 85 Zip Code: 33461

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: Esther L. Barrameda M.D. DATE: 4/25/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DR. ESTHER BARRAMEDA 141 ALCAZAR STREET ROYAL PALM BCH FL 33411	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT DR. ESTHER BARRAMEDA 3199 LAKE WORTH Rd., SUITE B-4 LAKE WORTH, FLORIDA 33461	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAQUEL LIM 110 SARATOGA BLVD. W. ROYAL PALM BEACH FL 33411	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DIRECTOR NESTOR ABUAN 10282 BOCA ENTRADA BLVD, APT. #102 BOCA RATON, FL. 33428	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GUTIERREZ, LINO B II, MD 1520 WILDERNESS ROAD W PALM BCH FL 33409	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DIRECTOR LINO B. GUTIERREZ II, M.D. 1520 WILDERNESS Rd. WEST PALM BEACH, FL. 33409	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERNABE S. GUERZON 1215 BEAR ISLAND DRIVE WPB FL 33409	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOSSEINI, MOHSEN 424 45TH STREET WEST PALM BEACH FL 33407	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DIRECTOR VIOLETA ROSARIO 6532 ATHENA DR. LAKE WORTH, FL. 33463	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROSARIO, VIOLETA 6532 ATHENA DRIVE LAKE WORTH FL 33463	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	DR. PHOEBELYN G. GUERZON VICE-PRESIDENT 1215 BEAR ISLAND DR. WEST PALM BEACH, FLORIDA 33409	☒ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Esther L. Barrameda M.D. 4/25/96 407-964-0950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #