

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N22906** (4)

1. Corporation Name

**PHILIPPINE FRIENDSHIP SOCIETY INC.**

Principal Place of Business

**82 ROY'S TR. PK  
KEY WEST FL 33040**

Mailing Address

**82 ROY'S TR. PK  
KEY WEST FL 33040**



3. Date Incorporated or Qualified **10/08/1987** 3a. Date of Last Report **06/12/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<b>21 6500 MALONEY AVE.</b>	<b>26 SAME AS #2</b>	<b>65-0276974</b>	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>22 Lot #97</b>		6. Election Campaign Financing	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>23 Key West, FL</b>			
Zip	Country		
<b>24 33040</b>	<b>25 MONROE</b>		

9. Name and Address of Current Registered Agent

**DAYAO, MAGDALENA M.  
82 ROY'S TR PK  
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name	<b>RODRIGO C. DELOS TRINOS</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>6500 MALONEY AVE. #97</b>
83	
84 City	<b>KEY WEST FL</b>
85 Zip Code	<b>33040</b>

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 *Rodrigo C. Delos Trinos*, President

JUNE 11, 1996

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	<b>P</b>	1.1 TITLE	<b>BOARD OF DIRECTOR</b>
NAME	<b>DELOS TRINOS, RODRIGO C</b>	1.2 NAME	<b>JULIET CACHO</b>
STREET ADDRESS	<b>6500 MALONEY AVE #97</b>	1.3 STREET ADDRESS	<b>#7 TAMARIND DR.</b>
CITY-ST-ZIP	<b>KEY WEST FL</b>	1.4 CITY-ST-ZIP	<b>KEY WEST, FL ##) \$)</b>
TITLE	<b>VP</b>	2.1 TITLE	<b>TREASURER</b>
NAME	<b>BIVENS, GARY</b>	2.2 NAME	<b>PAUL McNULTY</b>
STREET ADDRESS	<b>FARRACUT RD.</b>	2.3 STREET ADDRESS	<b>24 BLUEWATER DR.</b>
CITY-ST-ZIP	<b>KEY WEST FL</b>	2.4 CITY-ST-ZIP	<b>SADDLEBYNCH KEY, FL 33040</b>
TITLE	<b>ST</b>	3.1 TITLE	
NAME	<b>PHILLIOPS, JACKIE</b>	3.2 NAME	
STREET ADDRESS	<b>828 B SIGSBEE RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY WEST FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	
NAME	<b>ELOMINA, DON</b>	4.2 NAME	
STREET ADDRESS	<b>51 PALMETTO DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY WEST FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>A</b>	5.1 TITLE	
NAME	<b>BRANT, BUDDY</b>	5.2 NAME	
STREET ADDRESS	<b>601 STAPLES AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY WEST FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	
NAME	<b>BIENVENIDO, R. D</b>	6.2 NAME	
STREET ADDRESS	<b>82 ROY'S TR. PK</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY WEST FL</b>	6.4 CITY-ST-ZIP	

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:

*Rodrigo C. Delos Trinos*, President 6/11/96 (305) 294-5732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)