

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

AND
FILED

95 MAR -2 PM 2: 53

DOCUMENT # **N25107 (6)**

1. Corporation Name

VIETNAMESE ASSOCIATION OF CENTRAL FLORIDA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4755 CHEROKEE ROSE DR. ORLANDO FL 32808	Mailing Address 4755 CHEROKEE ROSE DR. ORLANDO FL 32808
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/01/1988	3a. Date of Last Report 03/08/1994
4. FEI Number 59-2890578	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country
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9. Name and Address of Current Registered Agent LUONG, V. NGUYEN 8624 ALEGRE CIR. ORLANDO FL 32836	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	P "D"
NAME	CUN NGOC PHAM
STREET ADDRESS	4401 CHATEAU RD.
CITY-ST-ZIP	ORLANDO FL 32808
TITLE	VP "D"
NAME	NGUYEN, LUONG, VAN
STREET ADDRESS	8624 ALEGRE CIRCLE
CITY-ST-ZIP	ORLANDO FL 32819
TITLE	VP "D"
NAME	DOI NGUYEN
STREET ADDRESS	4755 CHEROKEE ROSE DR.
CITY-ST-ZIP	ORLANDO FL 32808
TITLE	S
NAME	DOI, NGUEN
STREET ADDRESS	4755 CHEROKEE ROSE DR
CITY-ST-ZIP	ORLANDO FL
TITLE	CAT
NAME	TRAN, THANH
STREET ADDRESS	4316 CHATEAU RD
CITY-ST-ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P "D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VP "D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LUONG VAN NGUYEN
2.3 STREET ADDRESS	8624 ALEGRE CIRCLE
2.4 CITY-ST-ZIP	ORLANDO, FL 32819
3.1 TITLE	VP "D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	SG <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DOI NGUYEN
4.3 STREET ADDRESS	4755 CHEROKEE ROSE DR.
4.4 CITY-ST-ZIP	ORLANDO, FL 32808
5.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	THANH TRAN CAT
5.3 STREET ADDRESS	4316 CHATEAU RD.
5.4 CITY-ST-ZIP	ORLANDO, FL 32808
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *DOI NGUYEN* **DOI NGUYEN** 2-10-95 (407) 858-5161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #