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

APPROVED AND FILED
95 MAY -1 PM 7:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N31633 (3)

1. Corporation Name

THE FILIPINO-AMERICAN VETERAN'S ASSOCIATION OF C ENTRAL FLORIDA "FAVA", INC.

Principal Place of Business	Mailing Address
%GILL M. MADRIGAL 1891 ASTER DRIVE WINTER PARK FL 32792	%GILL M. MADRIGAL 1891 ASTER DRIVE WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/10/1989
3a. Date of Last Report: 03/03/1994
4. FEI Number: 59-2936764 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (25)	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
Zip (24) Country (25)	Zip (29) Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MADRIGAL, GILL M. 1891 ASTER DRIVE WINTER PARK FL 32792	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 _____ DATE
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	PD	11 TITLE	PRESIDENT (PD) ☑ Change ☐ Addition
NAME	POON, SAL	12 NAME	SARMIENTO, OSCAR
STREET ADDRESS	1545 NAVARRE ST.	13 STREET ADDRESS	8309 VILLAGE GREEN RD
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	ORLANDO FL 32818
TITLE	SD	21 TITLE	SECRETARY (SD) ☑ Change ☐ Addition
NAME	SENA, AL	22 NAME	GOHONG, OSCAR
STREET ADDRESS	5045 SIMMONS RD	23 STREET ADDRESS	701 NANA AVE.
CITY-ST-ZIP	ORLANDO, FL 32825	24 CITY-ST-ZIP	ORLANDO FL 32809
TITLE	VD	31 TITLE	VICE PRESIDENT (VD) ☑ Change ☐ Addition
NAME	CAPUZ, RAY	32 NAME	DEGUZMAN, ALEX
STREET ADDRESS	4601 ST BRIDE CT	33 STREET ADDRESS	837 ASPENWOOD CIRCLE
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	KISSIMMEE FL 34743
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	MADRIGAL, GILL M.	42 NAME	500001518025 -06/20/95--01103--021
STREET ADDRESS	1891 ASTER DRIVE	43 STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP	WINTER PARK, FL 32792	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BUHAIN, PEPE P	52 NAME	
STREET ADDRESS	4526 JAMERSON PLACE	53 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	REMITTED BY MAY 1
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	DIOS, GERRY D	62 NAME	
STREET ADDRESS	104 GULL CT	63 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	64 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)(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: _____ 4/28/95 (407) 695-7735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GEICARDO T. DE DIOS
TREASURER

0033048