4-5-95 B 3025-E

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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:53

DOCUMENT # N47398 (5)

1. Corporation Name

PHILIPPINE-AMERICAN BUSINESS ALLIANCE, INC.

Principal Place of Business	Mailing Address
10082-2 SAN JOSE BLVD. JACKSONVILLE FL 32257	1793 ALDER DRIVE ORANGE PARK FL 32073 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1992
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-3147618 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 9432 BAYMEADOWS RD	26 9432 BAYMEADOWS RD
22 SUITE 120	27 SUITE 120
23 JACKSONVILLE FL	28 JACKSONVILLE, FL
24 Zip 32256 / 25 Country	29 Zip 32256 / 30 Country

9. Name and Address of Current Registered Agent

AINZA, AIDA R.
1793 ALDER DRIVE
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

61 Name: EDDIE LIMON
62 Street Address (P.O. Box Number is Not Acceptable): 9432 BAYMEADOWS RD
63 SUITE 120
64 City: JACKSONVILLE FL 65 Zip Code: 32256

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: EDDIE A. LIMON PRES. 3/30/95
Signature, typed or printed name of registered agent and date (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☑ Change ☐ Addition
NAME	AINZA, AIDA	12 NAME	EDDIE LIMON
STREET ADDRESS	1793 ALDER DRIVE	13 STREET ADDRESS	9432 BAYMEADOWS ROAD, STE 120
CITY-ST-ZIP	ORANGE PARK FL	14 CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	VD	21 TITLE	VD ☑ Change ☐ Addition
NAME	LIMON, EDDIE	22 NAME	DON MOORES
STREET ADDRESS	1793 ALDER DRIVE	23 STREET ADDRESS	9432 BAYMEADOWS RD, SUITE 120
CITY-ST-ZIP	ORANGE PARK FL	24 CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	VD	31 TITLE	VD ☑ Change ☐ Addition
NAME	CARBONELL, MELCHOR	32 NAME	ALTON VILLANUEVA
STREET ADDRESS	1793 ALDER DRIVE	33 STREET ADDRESS	9432 BAYMEADOWS RD, Suite 120
CITY-ST-ZIP	ORANGE PARK FL	34 CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	T	41 TITLE	T ☐ Change ☐ Addition
NAME	CASTILLO, NENA	42 NAME	RAY DE LEON
STREET ADDRESS	1793 ALDER DRIVE	43 STREET ADDRESS	9432 BAYMEADOWS RD, Suite 120
CITY-ST-ZIP	ORANGE PARK FL	44 CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	AT	51 TITLE	AT ☐ Change ☐ Addition
NAME	ADKINS, CELY	52 NAME	FELY RAUSHMAYER
STREET ADDRESS	1793 ALDER DRIVE	53 STREET ADDRESS	9432 BAYMEADOWS Road, Suite 120
CITY-ST-ZIP	ORANGE PARK FL	54 CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	S	61 TITLE	S ☐ Change ☐ Addition
NAME	RUBI, LORENZ	62 NAME	VIRGINIA PAR DE LEON
STREET ADDRESS	1793 ALDER DRIVE	63 STREET ADDRESS	9432 BAYMEADOWS RD, Suite 120
CITY-ST-ZIP	ORANGE PARK FL	64 CITY-ST-ZIP	JACKSONVILLE, FL 32256

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: EDDIE LIMON 2/22/95 (904) 730-6157
DIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)