SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
**1998**

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

FILED
Sep 09 1998 8:00am
Secretary of State

DOCUMENT # N93000005279 (5)

1. Corporation Name
VISAYAS-MINDANAO ASSOCIATION OF JACKSONVILLE INC

| Principal Place of Business | Mailing Address |
|---|---|
| 602 CASTLEBERRY CT.<br>JACKSONVILLE FL 32259 | % NES PAPEL<br>10335 RIPPLE RUSH DRIVE W.<br>JACKSONVILLE FL 32257<br>US |

3. Date Incorporated or Qualified: 11/15/1993
4. FEI Number: 59-3238664 ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 2021 KINGSLEY AVE | 26 c/o LOURDES L. DIAZ |
| Suite, Apt. #, etc.<br>22 Suite 102 | Suite, Apt. #, etc.<br>27 5430 NANETTE CT |
| City & State<br>23 ORANGE PARK, FL | City & State<br>28 JACKSONVILLE, FL |
| 24 [redacted] 32073 Country 25 USA | Zip 29 32244 Country 30 USA |

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| PAPEL, NESTOR<br>10335 RIPPLE RUSH DR<br>JACKSONVILLE FL 32257 | 81 Name: NAPOLEON LEANO<br>82 Street Address (P.O. Box Number Is Not Acceptable): 2021 KINGSLEY AVE Suite 102<br>83 ORANGE PARK<br>84 City: JACKSONVILLE FL 85 Zip Code: 32073 |

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: N. Napoleon Leano
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>PAPEL, NESTOR<br>10335 RIPPLE RUSH DR<br>JACKSONVILLE FL | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | DP<br>LEANO NAPOLEON<br>2021 KINGSLEY AVE Suite 102<br>ORANGE PARK, FL 32073 | ☑ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GAMBILL, AURORA V<br>1417 GAILWOOD CIRCLE<br>JACKSONVILLE FL 32218 | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | D ART GANDIONCO<br>1576 POMARON CT<br>JACKSONVILLE, FL 32221 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MAGPUSAO, DEI Y<br>8038 WICLIFF RD.<br>JACKSONVILLE FL 32244 | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | D<br>LOURDES DIAZ<br>5430 NANETTE CT<br>JACKSONVILLE FL 32244 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BUNI, TONY<br>1745 PAPAYA DR<br>ORANGE PARK FL | ☒ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | D BUNI, TONY<br>1745 Papaya Dr<br>ORANGE PARK FL 32073 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>FIGURA, HERNAN<br>3166 INDIAN DR.<br>ORANGE PARK FL | ☒ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | D HEIDI FLETCHER<br>2285 CONSTITUTION Dr<br>ORANGE PARK 32073 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (5/98)

14. I hereby certify that the information supplied with this filing 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:** N. Napoleon F. Leano 7-6-98 (904) 276-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #