

FILE NOW: FILING FEE IS \$61.25

FILED
May 02 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N94000003602 (9)
1. Corporation Name
PHILIPPINE CULTURAL DANCE ENSEMBLE OF JACKSONVILLE INC.



| | |
|---|--|
| Principal Place of Business #20 BONITA DRIVE PONTE VEDRA BEACH FL 32082 | Mailing Address #20 BONITA DRIVE PONTE VEDRA BEACH FL 32082-2007 |
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|---|--|--|--|
| 2. Principal Place of Business #20 BONITA DRIVE PONTE VEDRA BEACH, FL 32082 | 2a. Mailing Address #20 BONITA DRIVE PONTE VEDRA BEACH, FL 32082 | 3. Date Incorporated or Qualified 07/18/1994 | 3a. Date of Last Report 07/15/1996 |
| 21. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. | 4. FEI Number 59-3261163 | Applied For Not Applicable |
| 22. City & State | 28. City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23. Zip | 29. Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Country | 30. Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**MARAYAG, EDUARDO C
#20 BONITA ROAD
PONTE VEDRA BEACH FL 32082**

10. Name and Address of New Registered Agent

| |
|--|
| 81. Name |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83. |
| 84. City |
| 85. Zip Code |

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

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | DC | <input type="checkbox"/> DELETE |
| NAME | MARAYAG, EDUARDO C | |
| STREET ADDRESS | 20 BONITA RD. | |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL 32082 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GENOVE, JOE | |
| STREET ADDRESS | 569 MAGNOLIA ST. | |
| CITY-ST-ZIP | NEPTUNE BEACH FL 32266 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | BANIAS, ESTELLE | |
| STREET ADDRESS | 569 MAGNOLIA STREET | |
| CITY-ST-ZIP | NEPTUNE BEACH FL 32266 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BANIAS, EDGARDO | |
| STREET ADDRESS | 1308 OAKRIDGE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32225 | |
| TITLE | C | <input type="checkbox"/> DELETE |
| NAME | BANIAS, EMILY | |
| STREET ADDRESS | 1308 OAKRIDGE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32225 | |
| TITLE | L | <input type="checkbox"/> DELETE |
| NAME | BATO, EDWIN | |
| STREET ADDRESS | 1520 COCKATIEL ST. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32225 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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: Eduardo C Marayag **EXPIRED** 4/14/97 904-285-5135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001114

CR2E037 (9/96)