

FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005719 (9)**

1. Corporation Name

THE VIETNAMESE-AMERICAN MUTUAL ASSOCIATION OF TAMPA-BAY, INC.



Principal Place of Business 10508 NORTH DIXON AVE. TAMPA FL 33612	Mailing Address P.O. BOX 10504 TAMPA FL 33679-2504
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3. Date Incorporated or Qualified 11/18/1994
4. FEI Number 59-3294371
<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 2505 W. Porthallen Ave	2a. Mailing Address 26 P.O. Box 151203
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TAMPA, FL	City & State 28 TAMPA, FL
Zip 24 33614	Country 25 USA
Zip 29 33614-1512	Country 30 USA

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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent NGOC DO, NHU 10510 N. DIXON AVE. TAMPA FL 33612	
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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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DO, NHU NGOC	1.2 NAME	
STREET ADDRESS	10510 N. DIXON AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAN, TIEN QUOC	2.2 NAME	
STREET ADDRESS	18434 STERLING SILVER CIR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAN, HUYEN LUU	3.2 NAME	TD
STREET ADDRESS	3540 SHORELINE CIR.	3.3 STREET ADDRESS	NGUYEN, TRI NGOC
CITY-ST-ZIP	PALM HARBOR FL 346	3.4 CITY-ST-ZIP	2973 BRADFORD CIR.
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAN, COI MINH	4.2 NAME	
STREET ADDRESS	12308 GLENFIELD AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33626	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NGUYEN, BI VAN	5.2 NAME	
STREET ADDRESS	2973 BRADFORD CIR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NGUGEN, BICH-DUOC THI	6.2 NAME	
STREET ADDRESS	8802 HUNTFIELD STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33635	6.4 CITY-ST-ZIP	

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: **NGOC DO, NHU NGOC DO** 04-21-98 (813) 871-7567

CR2E037 (10/97)