

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N9600001668 1. Corporation Name

VIETNAMESE AMERICAN VOTERS BLOC OF FLORIDA, INC.

Principal Place of Business

Mailing Address

440 GAILS WAY MERRITT ISLAND FL 32953 440 GAILS WAY

MERRITT ISLAND FL 32953

FILED Mar 06, 1999 8:00 am § Secretary of State

03-06-1999 90093 035 ****75.00

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2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 03/22/1996				
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			4. FEI Number		Apr	lied For	
22	, 5.0.	27			59-3405524		Not	Applicable	
City & Stat	te	City & State			S O UK A State Decimal E	1 \$	8.75 A	dditional	
23		28			5. Certificate of Status Desired	<u> </u>	Fee Rec	quired	
Zip	Country	Zip	Country	у	6. Election Campaign Financing	_	\$5.00	May Be	
24	25	29	30		Trust Fund Contribution	4	Added to	Fees	
	9. Name and Address of Current		1		10. Name and Address of New Reg	istered Age	nt		
			81	Name					
TRUONG,	HIIAN D		-	82 Street Address (P.O. Box Number is Not Acceptable					
440 GAILS			02	Street Addi	less (F.O. Box Number is Not Acceptable	''			
	ISLAND FL 32953		83	 					
MERRIT	IOLAND LE 35893				<u> </u>		=1 =		
			84	City	<u>:</u>	FL 8	IS Zip C	OGB .	
11 Durement	to the provisions of Sections 617 0502	2 and 617 1508. Florida Statute	s, the abov	e-named core	poration submits this statement for the pur	pose of cha	nging its	egistered	
office or i	realistered eagent/ or both, in the State 0	nt Florida. Such change was att	Inorized by	/ the corporation	on's board of directors. I hereby accept the	e appointme	ent as reg	istered	
agent. I a	im tamiliar with and accept the obligati					1	0		
SIGNATURE	promotions Hi	UAH D. TRUONG	Registered And	AL QMAN	ed when reinstating)	DATE TO	1	 [
Sphature, typed or printed name of legistered agent and title if applicable. (NOTE: R 12. OPPICERS AND DIRECTORS				o.gor roquile	ADDITIONS/CHANGES TO OFFIC	ERS AND D	RECTO	RS IN 12	
TITLE	C	☐ DELETE	13.		*		Change	Addition	
NAME	TRUONG, HUAN DINH P.E. 440 GAILS WAY								
				T ADDRESS				•	
				ST-ZIP	•				
CITY-ST-ZIP TITLE	D	☐ DELETE	2.1 TITLE	31-21		Г	1 Change	☐ Addition	
	NGUYEN, THAN N		2.2 NAME				, -		
NAME	AREA OFFED DIDOE DO								
STREET ADDRESS	1		1	TADDRESS	•				
CITY-ST-ZIP	ORLANDO FL 32818	□ DELETE	2.4 CITY- 3.1 TITLE	SI-ZIP			Change .	Addition	
TITLE	I I	□ pereie							
NAME	LUU, VUONG DUC		3.2 NAME			•	-		
STREET ADDRESS				TADDRESS		•			
CITY-ST-ZIP	ORLANDO FL 32828		3.4. CITY-	ST-ZIP		·····] Change	Addition	
TITLE	VC	☐ DELETÉ	4.1 TITLE		•	, . -	, 5.10.190		
NAME	VU, PHIEN V		4. 2 NAME						
STREET ADDRESS	1			ET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32812		4.4 CITY-5	ST-ZIP			Change	☐ Addition	
TITLE	D	☐ DELETÉ	5.1 TITLE		•	Ĺ	1 cuands	Addition	
NAME	DAO, DUY		5.2 NAME						
STREET ADDRESS	I			ET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32819		5.4 CITY-5		<u> </u>	· · · · · · · · · · · · · · · · · · ·		,	
TITLE	D	☐ DELETE	6.1 TITLE	Ĭ] Change	Addition	
NAME	INGALLS, THAN D		6.2 NAME						
STREET ADDRESS	529 LILLIAN DR.		6.3 STREE	ET ADDRESS					
	CT DETERORDING SI 22709 226	20	64 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 pr supplemental africal 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: