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Mar 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N96000002830 (5)**

1. Corporation Name

**ASSOCIATION FOR THE ADVANCEMENT OF VIETNAMESE-AM
ERICANS, INC.**

Principal Place of Business

Mailing Address

**4101 21ST ST N
ST PETERSBURG FL 33714****4101 21ST ST N
ST PETERSBURG FL 33714-4147**3. Date Incorporated or Qualified
05/29/19963a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 Same as above**26 Same as above**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State**27**
City & State**23**
Zip Country**28**
Zip Country**24****25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TRINH, CHRISTIAN C
4101 21ST ST N
ST PETERSBURG FL 33714****81 Name Same registered agent as beside****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

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	D	<input type="checkbox"/> DELETE
NAME	CAO, PHIL B.S.	
STREET ADDRESS	7310 9TH ST N	
CITY - ST - ZIP	ST PETERSBURG FL 33702	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DAO, MY L PH.D.	
STREET ADDRESS	4101 21ST ST N	
CITY - ST - ZIP	ST PETERSBURG FL 33714	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PHAM, HIEP T M.D.	
STREET ADDRESS	16404 SHAGBARG PL	
CITY - ST - ZIP	TAMPA FL 33618	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	NGUYEN, TU M.D.	
STREET ADDRESS	600 76TH AVE N APT 219	
CITY - ST - ZIP	ST PETERSBURG FL 33702	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SAU, JAMIE M B.A.	
STREET ADDRESS	4280 67TH AVE N	
CITY - ST - ZIP	PINELLAS PARK FL 34665	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	TRINH, CHRISTIAN C B.A.	
STREET ADDRESS	4101 21ST ST N	
CITY - ST - ZIP	ST PETERSBURG FL 33714	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 5, 1997 (813) 528-0559

Date

Daytime Phone # 0051074

CP2E037 (9/96)