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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90193 016 ****61.25

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DOCUMEN	Τ#	N96000002830	
4 4 4 44		· -	٦

1. Corporation Name

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

Principal Place of Business

4101 21ST ST N ST PETERSBURG FL 33714

2 Dringing Plans of Business

Mailing Address

3545 30TH AVE N

2a Mailing Address

STE 11

ST PETERSBURG FL 33713

US

|--|--|

3. Date incorporated or Qualifed

21		26 3531 25TH	AVE.	N.		05/29/1996			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number		App	lied For
22		27]	59-3426718		Not	Applicable
City & Stat	e	City & State		_		E. Cartifonto of Status Desired		\$8:75 A	dditional
23		28 ST PETERS	BURG,	FLOR	IDA	Certificate of Status Desired	اسما 	Fee Rec	uired
Zip	Country	Zip	Cou	ntry		6. Election Campaign Financing		\$5.00 1	May Be
24	25	29 33713	30	U.S.A		Trust Fund Contribution		Added to	Fees
	9. Name and Address of Current	Registered Agent				10. Name and Address of New F	legistered A	gent	
				81 Nai	me				
TRINH, CHRISTIAN C			82 Street Address (P.O. Box Number is Not Acceptable)						
4101 21ST ST N									
ST PETER	SBURG FL 33714			83					
				84 City	,			85 Zip C	ode
	- '						FL		
11 Rursuant	to the provisions of Sections 617.0502 egistered agen), or both, in the State of	and 617.1508, Florida Statu	tes, the a	bove-nam	ned corpora	ation submits this statement for the	purpose of c	hanging its r	egistered istered
office or r agent. I a	egistered agent, or both, in the state of m familiar with, and accept the obligation	ins of Section 617.0503, Fl	pride Stati	ites.	orporation	s board of directors. Thereby accept	ottile appoin		istoreu
SIGNATURE	Mulal	c	HRIST	IAN C	. TRIN	NH, PRESIDENT 4	4191	19	Ì
	Signature, typed or printed name of registered agent			Agent signal	ture required w	hen reinstating)	DATE	DIDECTO	20.1140
12.	OFFICERS AND	·	13.			ADDITIONS/CHANGES TO OF	FICERS AND		
TITLE	D	☐ DELETE	1.1 TI		ļ			Change	Addition
NAME	CAO, PHIL B.S.		1.2 N		ļ				ļ
STREET ADDRESS	7310 9TH ST N		1.3 \$1	REET ADDRE	ESS				
CITY-ST-ZIP	ST PETERSBURG FL 33702			TY-ST-ZIP					C2 A 44% - 4
TITLE	D	☐ DELETE	, 2.1 Ti	ΠE				Change	Addition
NAME	DAO, MY L PH.D.		2.2 N/	ME		- · ·			
STREET ADDRESS	4101 21ST ST N		2.3 ST						
CITY-ST-ZIP	ST PETERSBURG FL 33714			TY-ST-ZIP					F3.4.1.00
TITLE	D '	☐ DELETE	3.1 Tľ	rle				Change	Addition
NAME	SAU, JAMIE M B.A.		3.2 N	ME	1				ľ
STREET ADDRESS	4280 67TH AVE N		3.3 \$1	REET ADDRI	ESS				- 1
CITY-ST-ZIP	PINELLAS PARK FL 34665			TY-ST-ZIP					
TITLE	ļ D	☐ DELETE	4,1 TI	LE				☐ Change	Addition
NAME	TRINH, CHRISTIAN C B.A.		4. 2 N	AME	ļ				Į
STREET ADDRESS			4.3 51	REET ADORI	ESS				i
CITY-ST-ZIP	ST PETERSBURG FL 33714		_	TY-ST-ZIP					
TITLE		☐ DELETE	5.1 TI					☐ Change	Addition
NAME			5.2 N						
STREET ADDRESS				REET ADDRI	ESS				Ì
CITY-ST-ZIP		<u></u>		TY-ST-ZIP					<u></u>
TITLE		☐ DELETE	6.1 TS					Change	Addition
NAME			62 N	ME	1				1
STREET ADDRESS			6.3 ST	REET ADDR	ESS				
CITY-ST-ZIP				TY-ST-ZIP					
14 . Lharabu	portify that the information cumulied with	this filing door not qualify for	or the eve	motion et	ated in Sec	tion 119 07/3\/ii) Florida Statutes	Lfurther certi	fy that the in	formation

indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 113.07(3)(f), Florida Statutes, I number cellify that the mindicated 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 with all other like empowered.

SIGNATURE:

4/19/99

(727) 563-9400