

FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006052 (2)**

1. Corporation Name

**THE ROMANIAN/AMERICAN CULTURAL ASSOCIATION, INC.**



Principal Place of Business <b>5950 W. OAKLAND PARK BOULEVARD SUITE 103 FT. LAUDERDALE FL 33313</b>	Mailing Address <b>5950 W. OAKLAND PARK BOULEVARD SUITE 103 FT. LAUDERDALE FL 33313-1245</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/21/1996</b>		3a. Date of Last Report	
21		26		4. FEI Number <b>65-0712594</b>		Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip		29 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
25 Country		30 Country					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SPENCER, SHERNA G 5950 W. OAKLAND PARK BOULEVARD SUITE 103 FT. LAUDERDALE FL 33313</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code <b>FL</b>			

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		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LELUTIU, EMIL</b>			1.2 NAME			
STREET ADDRESS	<b>825 S. 10TH AVENUE</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>VAJANC, DRAGUCA</b>			2.2 NAME	<b>D. MATASA CLAUDIU</b>		
STREET ADDRESS	<b>5534 S.W. 89TH AVENUE</b>			2.3 STREET ADDRESS	<b>1507 HOLLYWOOD BLVD.</b>		
CITY-ST-ZIP	<b>COOPER CITY FL 33328</b>			2.4 CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CRISAN, TITUS V</b>			3.2 NAME			
STREET ADDRESS	<b>241 S.W. 178TH WAY</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33029</b>			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>VALENTIN, BARB</b>			4.2 NAME	<b>D. BOLDIS ALEXANDRU</b>		
STREET ADDRESS	<b>1834 JEFFERSON STREET</b>			4.3 STREET ADDRESS	<b>3134 PIERCE ST.</b>		
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>			4.4 CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>BESU, MARIN</b>			5.2 NAME	<b>D. DANU JOHN</b>		
STREET ADDRESS	<b>907 WASHINGTON STREET</b>			5.3 STREET ADDRESS	<b>GETTYSBURG TERR</b>		
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>			5.4 CITY-ST-ZIP	<b>PLANTATION FL 33325</b>		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>MADINCEA, JOHN C</b>			6.2 NAME	<b>D. DRACEA IOANA</b>		
STREET ADDRESS	<b>1844 WASHINGTON STREET</b>			6.3 STREET ADDRESS	<b>851 THREE ISLANDS. BLVD.</b>		
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>			6.4 CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33009</b>		

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: **Emil Lelutiu** 5/01/95 920-2248  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone # 0000871

CR2E037 (9/96)