


FILE NOW: FILING FEE IS \$61.25

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90104 003 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N97000006275

1. Corporation Name

PHILIPPINE AMERICAN FEDERATION OF SOUTH FLORIDA, INC.

Principal Place of Business
7601 E TREASURE DR. #2001
NORTH BAY VILLAGE FL 33141

Mailing Address
7601 E TREASURE DR. #2001
NORTH BAY VILLAGE FL 33141



| | | |
|---|------------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 11/06/1997 |
| 22 City & State | 27 City & State | 4. FEI Number |
| 23 Zip | 28 Zip | 65-0793909 |
| 24 Country | 29 Country | Applied For |
| | 30 | Not Applicable |
| 9. Name and Address of Current Registered Agent | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees |
| | | Trust Fund Contribution |

BRUCE, JOCELYN H
7601 E TREASURE DR. #2001
NORTH BAY VILLAGE FL 33141

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

President JOCELYN H. BRUCE

1/11/99

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 | RAVELO, TED | 1.2 NAME | |
| STREET ADDRESS | 1160 N.E. 134 STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33168 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WINNETT, NIDA | 2.2 NAME | WINNETT, NIDA |
| STREET ADDRESS | 11761 S.W. 52 COURT | 2.3 STREET ADDRESS | 11761 SW 52 COURT |
| CITY-ST-ZIP | COOPER CITY FL 33330 | 2.4 CITY-ST-ZIP | COOPER CITY, FL 33330 |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RECABO, NIDA | 3.2 NAME | FORTE, NENA |
| STREET ADDRESS | 8287 S.W. 128 STREET #212 | 3.3 STREET ADDRESS | 12995 SW 188 ST |
| CITY-ST-ZIP | MIAMI FL 33156 | 3.4 CITY-ST-ZIP | MIAMI, FL 33177 |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOBART, GLENDA | 4.2 NAME | |
| STREET ADDRESS | 4501 EAST COUNTRY CIRCLE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLANTATION FL 33317 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARCIA, RIC | 5.2 NAME | |
| STREET ADDRESS | 290 N.W. 165 STREET | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33161 | 5.4 CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRUCE, JOCELYN H | 6.2 NAME | |
| STREET ADDRESS | 7601 EAST TREASURE DRIVE #2001 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | NORTH BAY HILL FL 33141 | 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NENA FORTE

Date

2-8-99

Daytime Phone #

305-22-9331

CR2E037 (11/98)