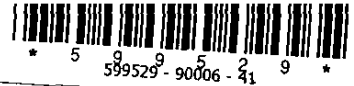



SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90006 041 ****61.25



NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000004893					
1. Corporation Name VIETNAMESE AMERICAN COMMUNITY OF SOUTH FLORIDA, INC.					
Principal Place of Business 7201 SOUTHWEST 1ST STREET MARGATE FL 33068			Mailing Address 7201 SOUTHWEST 1ST STREET MARGATE FL 33068		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 7421 NW. 76th St		26 7421 NW. 76th St		08/28/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Tamarac, Florida		28 Tamarac, Florida		Trust Fund Contribution	
Zip Country		Zip Country			
24 33321 USA		29 33321 USA		30 USA	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NGUYEN, THO M		1.2 NAME	LE, THIEN C	
STREET ADDRESS	7201 SOUTHWEST 1ST STREET		1.3 STREET ADDRESS	7421 NW. 76TH STREET	
CITY-ST-ZIP	MARGATE FL 33068		1.4 CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAO, PHUONG T DR.		2.2 NAME		
STREET ADDRESS	7201 SOUTHWEST 1ST STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL 33068		2.4 CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LE, THIEN C		3.2 NAME	PHI, OAI H	
STREET ADDRESS	7201 SOUTHWEST 1ST STREET		3.3 STREET ADDRESS	7421 NW. 76 TH STREET	
CITY-ST-ZIP	MARGATE FL 33068		3.4 CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN LE, NHAM		4.2 NAME		
STREET ADDRESS	7201 SOUTHWEST 1ST STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL 33068		4.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN NGO, TRONG		5.2 NAME		
STREET ADDRESS	7201 SOUTHWEST 1ST STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL 33068		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-99 (954)974-6560

Date

Daytime Phone #

CR2E037 (5/99)