

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	
22		27		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Tamarac, Florida		28 Tamarac, Florida		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 DATE: 7-23-99 DAYTIME PHONE #: (954)974-6560

0003086 CR2E037 (5/99)