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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 19 1996 8:00 am  
Secretary of State

DOCUMENT # P93000085432 (1)

1. Corporation Name

GIA-DINH HERITAGE FOUNDATION, INC.



Principal Place of Business

1845 WAKULLA WAY  
ORLANDO FL 32839  
US

Mailing Address

1845 WAKULLA WAY  
ORLANDO FL 32839  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRAN, NHAN  
1845 WAKULLA WAY  
ORLANDO FL 32839

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 607.0502 and 607.1508, 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 607.0505, 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 P ☐ DELETE

NAME TRAN, DE HUU  
STREET ADDRESS 1845 WAKULLA WAY  
CITY-ST-ZIP ORLANDO FL

TITLE S ☐ DELETE

NAME TU, PHUC  
STREET ADDRESS 1845 WAKULLA WAY  
CITY-ST-ZIP ORLANDO FL

TITLE T ☐ DELETE

NAME TRAN, ANH T.  
STREET ADDRESS 1845 WAKULLA WAY  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

MAI THI TRAN ☐ Change ☒ Addition

1845 WAKULLA WAY  
ORLANDO FL 32839

VICE PRESIDENT ☒ Change ☐ Addition

DE HUU TRAN  
1845 WAKULLA WAY  
ORLANDO FL 32839

Secretary ☒ Change ☐ Addition

PHUC TU  
1845 WAKULLA WAY  
ORLANDO FL 32839

Treasurer ☐ Change ☐ Addition

ANH THI TRAN  
1845 WAKULLA  
ORLANDO FL 32839

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAI THI TRAN

4/15/96 (407) 897-9877

CR2E034 (12/95)