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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 32839-3325
US**

3. Date Incorporated or Qualified
12/08/1993

3a. Date of Last Report
04/19/1996

4. FEI Number
59-3220132

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 **TRAN, NHAN H.**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **1845 Wakulla way**

84 City **Orlando**

FL

85 Zip Code
32839.

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

NHAN H. TRAN **NHAN H. TRAN**

1-12-97

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **TRAN, DE HUU**
CITY- ST- ZIP **1845 WAKULLA WAY
ORLANDO FL**

1.1 TITLE **Vice-President** ☐ Change ☐ Addition
1.2 NAME **TRAN, DE H.**
1.3 STREET ADDRESS **1845 Wakulla way**
1.4 CITY- ST- ZIP **Orlando FL 32839-**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **TU, PHUC**
CITY- ST- ZIP **1845 WAKULLA WAY
ORLANDO FL**

2.1 TITLE **Secretary.** ☐ Change ☐ Addition
2.2 NAME **TU, PHUC**
2.3 STREET ADDRESS **1845 Wakulla way**
2.4 CITY- ST- ZIP **Orlando FL 32839**

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

3.1 TITLE **Treasurer** ☐ Change ☐ Addition
3.2 NAME **TRAN, ANH T.**
3.3 STREET ADDRESS **1845 wakulla way**
3.4 CITY- ST- ZIP **Orlando FL 32839**

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **TRAN, MAI THI**
CITY- ST- ZIP **1845 WAKULLA WAY
ORLANDO FL**

4.1 TITLE **President.** ☐ Change ☐ Addition
4.2 NAME **TRAN, MAI T.**
4.3 STREET ADDRESS **1845 Wakulla way**
4.4 CITY- ST- ZIP **Orlando FL 32839**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

TRAN, DE H. **TRAN, DE H.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/97 407/857-7165.
Date Daytime Phone #

CR2E034 (9/96)