


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 721665
 1. Corporation Name
ACTION COMMUNITY CENTER, INC.

Principal Place of Business 970 SW FIRST ST., STE 304 MIAMI, FL 33130	Mailing Address 970 SW FIRST ST., STE 304 MIAMI, FL 33130-1100
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Amendment

3. Date Incorporated or Qualified 09/08/71	3a. Date of Last Report 06/25/1996
4. FEI Number 59-1620743	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**MONTES DE OCA, MERCY
 8333 HARDING AVE #4
 MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 N/A
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD <input checked="" type="checkbox"/> DELETE
NAME	HERNANDEZ, ESQ. HUMBERTO
STREET ADDRESS	800 DOUGLAS RD, SUITE 315
CITY-ST-ZIP	CORAL GABLES FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	FERNANDEZ CANO, MANOLO
STREET ADDRESS	8030 SW 16 ST
CITY-ST-ZIP	MIAMI FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	ACOSTA, DOMINGO
STREET ADDRESS	3950 SW 2ND STREET
CITY-ST-ZIP	MIAMI FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	MONTES DE OCA, MERCY
STREET ADDRESS	8333 HARDING AVE #4
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALZOLA, ERNESTO A.
1.3 STREET ADDRESS	1101 SW 103rd COURT
1.4 CITY-ST-ZIP	MIAMI FLORIDA
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

06/06/97

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*****70.00**

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

SIGNATURE: Mercy Montes de Oca **Treasurer** **05/23/97** **(305) 545-9298**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #
MERCY MONTES DE OCA

CP2E037 (9/96)