

8-12-97 B-8172 C
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 12 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 # **N37588** (3)
1. Corporation Name
MEXICAN AMERICAN COUNCIL, INC.



Principal Place of Business P.O. BOX 800659 HOMESTEAD FL 33080-0659	Mailing Address PO BOX 343546 FLORIDA CITY FL 33034 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P O Box 343546 Suite, Apt. #, etc. 22 City & State 23 Florida City FL Zip 24 33034-0546		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 U S A		3. Date Incorporated or Qualified 04/09/1990		3a. Date of Last Report 01/29/1996	
				4. FEI Number 65-0194318		Applied For Not Applicable	
				5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GALLEGOS, MARK ESQ.
1 S.E. 3 AVE., SUITE 1440
MIAMI FL 33131**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	2601 S. Bayshore Drive
83 Suite	1900
84 City	Miami
85 Zip Code	FL 33133

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 **Mark Gallegos**

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	PO <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONTRERAS, ROLANDO D	1.2 NAME	Hilda DeLeon
STREET ADDRESS	1470 EGRET ROAD	1.3 STREET ADDRESS	25700 SW 212 Av Homestead FL 33030
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGGARD, ARVIN H.	2.2 NAME	Elizabeth Currie
STREET ADDRESS	8923 SW 67 AVENUE	2.3 STREET ADDRESS	546 SW 2 St Florida City FL 33034
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRIE, ELIZABETH	3.2 NAME	Maria C. Garza
STREET ADDRESS	546 S.W. 2ND ST.	3.3 STREET ADDRESS	101 NE 19 St Homestead FL 33030
CITY-ST-ZIP	FLORIDA CITY FL	3.4 CITY-ST-ZIP	
TITLE	VPO <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AQUINO, ANTONIO	4.2 NAME	Arturo DeLeon
STREET ADDRESS	4 SOUTH KROME AVE	4.3 STREET ADDRESS	25700 SW 212 Av Homestead FL 33031
CITY-ST-ZIP	HOMESTEAD FL	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRONES, EDUARDO	5.2 NAME	Arvin H. Maggard
STREET ADDRESS	1411 JAY ST	5.3 STREET ADDRESS	8923 SW 67 Av Miami FL 33156
CITY-ST-ZIP	HOMESTEAD FL	5.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	Cipriano Garza	6.2 NAME	
STREET ADDRESS	101 NE 19 St Homestead FL 33030	6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

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CP2E037 (4/97)