

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 737323 (6)
 1. Corporation Name
M ENSEMBLE COMPANY



Principal Place of Business Mailing Address
~~12426 WEST DIXIE HIGHWAY~~ P.O BOX 1175
~~SUITE C~~ MIAMI FL 33168
~~MIAMI FL 33102~~

3. Date Incorporated or Qualified 11/16/1976 3a. Date of Last Report 08/14/1995
 4. FEI Number 59-1773348 Applied For Not Applicable
 5. Certificate of Status Desired \$6.75 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
 21 1539 NE 123 ST. 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 No. Miami, Fla. 28
 Zip 33161029 Country 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
 GARNER, WINNIE 81 Name GARNER, WINNIE
 3800 VAN BUREN STREET 82 Street Address (P.O. Box Number is Not Acceptable)
 HOLLYWOOD FL 33021 117 Calle Largo
 83
 84 City Hollywood FL 85 Zip Code 33021

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, PATRICIA E.	1.2 NAME	
STREET ADDRESS	400 N.W. 214 ST. # 202	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33109	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, SHIRLEY	2.2 NAME	
STREET ADDRESS	20200 NW 32ND COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNER, WINNIE	3.2 NAME	
STREET ADDRESS	3800 VAN BUREN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	
TITLE	PT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, SAMUEL	4.2 NAME	
STREET ADDRESS	839 S BAHANMA DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	VT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWHORN, PAMELA	5.2 NAME	
STREET ADDRESS	10401 NW 26 AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE		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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Winnie Garner WINNIE GARNER Date: 7/27/96 Daytime Phone #: 305 891-2998

CR2E037 (3/96)