


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 739585 1. Corporation Name FLORIDA COMMUNITY COMMUNICATION, INC.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 21 2619 West 8 Ct. Suite, Apt. #, etc. 22 City & State 23 Hialeah, Florida Zip 24 33010-1205 Country 25 Dade		2a. Mailing Address 26 2619 West 8 Ct. Suite, Apt. #, etc. 27 City & State 28 Hialeah, Florida Zip 29 33010-1205 Country 30 Dade	
3. Date Incorporated or Qualified 07/13/1977		3a. Date of Last Report 03/06/1996	
4. FEI Number 		Applied For <input checked="" 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 checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name 		81 Name P/D ADALBERTO DIAZ	
82 Street Address (P.O. Box Number is Not Acceptable) 		82 Street Address (P.O. Box Number is Not Acceptable) 2619 West 8 Ct.	
83 		83 	
84 City 		84 City Hialeah	
85 Zip Code 		85 Zip Code FL 33010-1205	
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		DATE	
P/D Adalberto Diaz		02/14/97	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 	
PD Alberti, Alfonso (deceased) 3785 NW 211 St Miami, FL		P/D Adalberto Diaz 2619 West 8 Ct. Hialeah, FL 33010-1205	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 	
D Nevot, Enrique (retired) 3151 NW 14 St Miami, FL		V/D Miguel A. Buendia 85 S.W. 32 Ave. Miami, FL 33135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 	
S/D Jose M. Valledor 448 S.Royal Poinciana Blvd. Miami Springs, FL 33166		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 	
300002094858 -02/21/97--01085--030 ***70.00		6.1 TITLE 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.		15. 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:		DATE	
PD Adalberto Diaz		02/14/97 (305) 882-1467	

CR2E037 (9/96)