

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 740523 (6)

1. Corporation Name
AMOR EN ACCION, INC.



Principal Place of Business: 809 CATALINA PL. CORAL GABLES FL 33134
Mailing Address: 809 CATALINA PL. CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 09/12/1977
3a. Date of Last Report: 04/06/1995
4. FEI Number: 59-2354447
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 (21-24)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent: SUAREZ, ZAVIER L, 799 BRICKELL PLAZA, SUITE 606, MIAMI FL 33131
10. Name and Address of New Registered Agent (81-85)

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: _____
Signature, typed or printed name of registered agent and date of signature (in the Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGED, NEW OFFICERS AND DIRECTORS IN 1996	
TITLE	PD	11 TITLE	
NAME	MARILL, ALICIA	12 NAME	
STREET ADDRESS	SW 15 STREET	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	14 CITY - ST - ZIP	
TITLE	VD	21 TITLE	
NAME	GARCIA, ADRIANO	22 NAME	
STREET ADDRESS	522 E 33 ST	23 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL	24 CITY - ST - ZIP	
TITLE	TD	31 TITLE	
NAME	ROVIRA, LOURDES	32 NAME	
STREET ADDRESS	809 CATALINA PLACE	33 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	34 CITY - ST - ZIP	
TITLE	CD	41 TITLE	
NAME	CHIRINO, JOSEFINA	42 NAME	
STREET ADDRESS	4550 NE 5 ST	43 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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: *Lourdes O. Rovira* DATE: April 12, 1996 (905) 448-1357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E037 (12/95)