FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 6:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767150 (6)

1. Corporation Name

MIAMI ASSOCIATION OF COMMUNICATION SPECIALISTS, INC.

Principal Place of Business	Mailing Address
8100 S.W. 81 DR. #240 MIAMI FL 33143	5841 SW 51 TERR. MIAMI FL 33155 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1983
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-1834674 ☐ Applied For ☐ Not Applicable

21 Principal Place of Business	26 Mailing Address: 4726 SW 67th Ave	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.: F-10	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23 City & State	28 City & State: Miami, FL	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
24 Zip / 25 Country	29 Zip: 33155 / 30 Country: US	8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

MISKIEL, LYNN W
5841 SW 51 TERR.
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name: Nan Musson
82 Street Address (P.O. Box Number is Not Acceptable): 4726 SW 67th Ave.
83: F-10
84 City: Miami FL 85 Zip Code: 33155

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 3/20/95
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	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	MISKIEL, LYNN	12 NAME	Nan Musson	
STREET ADDRESS	5841 SW 51 TERRACE	13 STREET ADDRESS	4726 SW 67th Ave F-10	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami, FL 33155	
TITLE	PED	21 TITLE	PED	☒ Change ☐ Addition
NAME	MUSSON, NAN	22 NAME	Thompson, Annie	
STREET ADDRESS	4600 SW 67 AVE., #203	23 STREET ADDRESS	300 Ridgewood Rd.	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Key Biscayne, FL	
TITLE	PPD	31 TITLE	PPD	☒ Change ☐ Addition
NAME	DELAPAZ, ALIM	32 NAME	Miskiel, Lynn	
STREET ADDRESS	8100 SW 81 DR #240	33 STREET ADDRESS	5841 SW 51 Terrace	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	Miami, FL 33143	
TITLE	VD	41 TITLE	VP PD	☒ Change ☐ Addition
NAME	THOMPSON, ANNIE R	42 NAME	De la Paz, Alina	
STREET ADDRESS	300 RIDGEWOOD RD.	43 STREET ADDRESS	8100 SW 81 Dr # 240	
CITY-ST-ZIP	KEY BISCAYNE FL	44 CITY-ST-ZIP	Miami, FL 33143	
TITLE	VPE	51 TITLE	TD	☒ Change ☐ Addition
NAME	ROWLEE, CHRIS	52 NAME	Gilfarb, Stephanie	
STREET ADDRESS	1254 SW 14 ST	53 STREET ADDRESS	2150 NW 188 Terrace	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE	SD	61 TITLE	SD	☒ Change ☐ Addition
NAME	BOADA, KATHY	62 NAME	Wilson-Vazquez, Kathleen	
STREET ADDRESS	12200 SW 91 TERR.	63 STREET ADDRESS	1201 NW 116th St. (126)	
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	Miami, FL 33125	

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)(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] 3/20/95 305-324-3148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043048