

# 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 # 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

4726 SW 67TH AVE  
F-10  
MIAMI FL 33155  
US

3. Date Incorporated or Qualified  
02/23/1983

3a. Date of Last Report  
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-1834674

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUSSON, MAM  
4726 SW 67TH AVE  
F-10  
MIAMI FL 33155

81 Name Annie Thompson

82 Street Address (P.O. Box Number is Not Acceptable)

300 Ridgewood Rd.

83

84 City

Key Biscayne

FL

85 Zip Code

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PPD	<input checked="" type="checkbox"/> DELETE
NAME	MISKIEL, LYNN	
STREET ADDRESS	5841 SW 51 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MUSSON, NAN	
STREET ADDRESS	4726 SW 67TH AVE, F-10	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DELAPAZ, ALIM	
STREET ADDRESS	8100 SW 81 DR #240	
CITY-ST-ZIP	MIAMI FL	
TITLE	PED	<input type="checkbox"/> DELETE
NAME	THOMPSON, ANNIE R	
STREET ADDRESS	300 RIDGEWOOD RD.	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GILFARB, STEPHINE	
STREET ADDRESS	2150 NW 188 TERR	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILSON-VAZQUEZ, KATHLEEN	
STREET ADDRESS	1201 NW 16TH ST (126)	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Karen Langhauser	
1.3 STREET ADDRESS	160 NW 170th St.	
1.4 CITY-ST-ZIP	North Miami Beach, FL 33169	
2.1 TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Maria Theresa Lopez	
3.3 STREET ADDRESS	P.O. Box 162783	
3.4 CITY-ST-ZIP	Miami, FL 33166-2783	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	500001780435	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-04/15/96--01062--022	
5.3 STREET ADDRESS	***\$1.25	
5.4 CITY-ST-ZIP		
6.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

*[Signature]* Past President/officer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96 (305) 324-3148

Daytime Phone

CR2E037 (12/95)