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Mar 14 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 # 767150 (6)

1. Corporation Name

MIAMI ASSOCIATION OF COMMUNICATION SPECIALISTS,
INC.

Principal Place of Business

8100 S.W. 81 DR. #240
MIAMI FL 33143

Mailing Address

4726 SW 67TH AVE
F-10
MIAMI FL 33155-6852
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

THOMPSON, ANNIE
300 RIDGEWOOD RDE.
KEY BISCAYNE FL

3. Date Incorporated or Qualified

02/23/1983

3a. Date of Last Report

04/15/1996

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

10. Name and Address of New Registered Agent

81 Name

Nan D. Musson

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

4726 SW 67th Ave F-10

83

84 City

miami

FL

85 Zip Code
33155

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

Nan D. Musson, Nan D. Musson, Treasurer/Past President

2/25/97

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | PED | <input type="checkbox"/> DELETE |
| NAME | LANGHAUSER, KAREN | |
| STREET ADDRESS | 160 NW 170TH ST. | |
| CITY-ST-ZIP | NO. MIAMI BCH. FL 33169 | |
| TITLE | PPD | <input type="checkbox"/> DELETE |
| NAME | MUSSON, NAN | |
| STREET ADDRESS | 4726 SW 67TH AVE, F-10 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | LOPEZ, MARIA THERESA | |
| STREET ADDRESS | PO BOX 162733 N/A | |
| CITY-ST-ZIP | MIAMI FL 33116-2733 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | THOMPSON, ANNIE R | |
| STREET ADDRESS | 300 RIDGEWOOD RD. | |
| CITY-ST-ZIP | KEY BISCAYNE FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | GILFARB, STEPHINE | |
| STREET ADDRESS | 2150 NW 188 TERR | |
| CITY-ST-ZIP | PEMBROKE PINES FL | |
| TITLE | VPD | <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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Vice President |
| 3.3 STREET ADDRESS | Vivian Harris |
| 3.4 CITY-ST-ZIP | 4445 W 16 Ave #500 Hialeah, FL 33012 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Vice President |
| 5.3 STREET ADDRESS | Dania Lopez |
| 5.4 CITY-ST-ZIP | 1606 SW 101 Ave. Miami, FL 33165 |
| 6.1 TITLE | <input 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 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.

CP2E037 (9/96)