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Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/23/1983

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

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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

*Nan D. Musson* Nan D. Musson

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

(NOTE: Registered Agent signature required when reinstating)

1/20/98

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	VP	<input type="checkbox"/> DELETE
NAME	HARRIS, VIVIAN	
STREET ADDRESS	4445 W 16 AVE #500	
CITY-ST-ZIP	HIALEAH FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMPSON, ANNIE R	
STREET ADDRESS	300 RIDGEWOOD RD.	
CITY-ST-ZIP	KEY BISCAYNE FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	LOPEZ, DANIA	
STREET ADDRESS	1606 SW 101 AVE	
CITY-ST-ZIP	MIAMI 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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

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 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:

*Nan D. Musson* Nan D. Musson 1/20/98 305-324-3148

CR2E037 (10/97)