FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SIGNATURE:

8100 S.W. 81 DR. #240

MIAMI FL 33143

(6)

MIAMI ASSOCIATION OF COMMUNIC ISTS, INC.

ATION	SPECIAL
,	

Mailing Address

4726 SW 67TH AVE

2a. Mailing Address

City & State

Suite, Apt. #, etc.

MIAMI FL 33155

26

FILED Feb 03 1998 8:00am Secretary of State



7. Is this nonprofit corporation a homeowners association?

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3- Date Incorporated or Qualified

02/23/1983

59-1834674

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

25	23		28							L Yes L IVO						
Name and Address of Current Registered Agent	Zip		Country Zip Cou					ntry 8. This corporation owes or has paid the current						year Intangible		
MUSSON, NAN D	24						30								No	
MUSSON, NAN D 4726 SW 67TH AVE F-10 MIAMI FL 33155 44 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the ediplication of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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 a complete agent and title it application. SIGNATURE SUBJECT OFFICERS AND DIRECTORS TILL PED CFFICERS AND DIRECTORS TILL PED LANGHAUSER, KAREN 12 MME LANGHAUSER, KAREN 12 MME LANGHAUSER, KAREN 12 MME LANGHAUSER, KAREN 12 MME MUSSON, NAN 22 MME MUSSON, NAN 22 MME MUSSON, NAN 32 MME WISSON, NAN 32 MME 4726 SW 67TH AVE, F-10 22 SIRET ADDRESS 00TY-5T-2P MIAMI FL VP D DELETE 31 TITLE VP D DELETE 41 TITLE VP D DELETE 51 TITLE Change Addition Change Addition Change Addition Change										1	Name and Address of New	w Registered A	\gent			
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T. 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 application of Section 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the application of Section 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the application of Section 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the application of Section 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the application of Section 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the application of Section 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the application of Section 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the application of Section 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the application of Section 617,0503, Florida Statutes, the acceptance required whin reflectors. I hereby accept the application of Change Addition 1000 12.	F-10							83								
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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 applied and the same local effect as if made under early that I am an	14. Thereby ce	ertify that the	information	supplied with t	his filing doe	es not qualify for	the exen	nptio	on stated in	n Sec	tion 119.07(3)(i), Florida Statute	es. I further cer	tify the	t the	nformation	

rioucated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am ar 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.