


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26576 (1)

1. Corporation Name
MANOS EN ACCION, INC.



Principal Place of Business 11800 SW 8 STREET SUITE 402 MIAMI FL 33184 US	Mailing Address 11800 SW 8 STREET SUITE 402 MIAMI FL 33184 US
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3. Date Incorporated or Qualified 05/24/1988	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0058302	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 6202 W. 21st Court Suite, Apt. #, etc.	2a. Mailing Address 26 6202 W. 21st Court Suite, Apt. #, etc.
22	27
23 Hialeah, FL City & State	28 Hialeah, FL City & State
24 33016 Zip	25 USA Country
29 33016 Zip	30 USA Country

9. Name and Address of Current Registered Agent PORTELA, CARMEN 6621 ACACIA CT. SOUTH MIAMI FL 33142	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PORTELA, CARMEN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6621 ACACIA CT.	1.2 NAME	
STREET ADDRESS	SOUTH MIAMI FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD CORPION, CARMEN G.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2231 SW 83 AVE.	2.2 NAME	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD ROSADO, ELENA	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3630 S.W. 132 CT	3.2 NAME	
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD PEREZ, ROSA G.	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2820 SW 108 AVE.	4.2 NAME	
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VD CEPERO, ALINA	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	510 SW 39 AVENUE	5.2 NAME	
STREET ADDRESS	MIAMI FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	SD GOICOECHEA, LUCIANO	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2103 CORAL WAY	6.2 NAME	
STREET ADDRESS	MIAMI FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

DV
Rubio, Nelly P.
8900 NW 18th Terrace
Miami, FL 33172

DS
Junco, Betty
1250 West Ave. #7-C
H. Beach, Fl. 33139

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: Carmen Portela CARMEN PORTELA 6-18-96 (305) 819-5525
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)