

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** *N41386*  
 1. Corporation Name  
**LINCOLN-MARTI COMMUNITY AGENCY, INC.**

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21	955 SW 1 St	26	904 SW 23 Ave	12/10/90			
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		4. FEI Number		Applied For	
				65-0267626		Not Applicable	
22		27		5. Certificate of Status Desired		8.75 Additional Fee Required	
City & State		City & State		<input type="checkbox"/>		<input type="checkbox"/>	
23 Miami, Fl		28 Miami, Fl		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24		29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
Zip		Country		Zip		Country	
33130				33135		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
Demetrio Perez, Jr. 904 S.W. 23rd Avenue Miami, Florida 33135				81	Name			Morrie I. Levine, Esq		
				82	Street Address (P.O. Box Number is Not Acceptable)			2632 Hollywood Blvd		
				83				Suite 208		
				84	City			Hollywood,	FL	85

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 *Morrie I. Levine* - MORRIE I. LEVINE DATE May 30, 1997

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Maria Perez			1.2 NAME	Dr. Rolando Espinosa		
STREET ADDRESS	2385 S.W. 6th Street			1.3 STREET ADDRESS	130 S.W. 32nd Avenue		
CITY-ST-ZIP	Miami, Florida			1.4 CITY-ST-ZIP	Miami, Florida 33135		
TITLE	DP	<input type="checkbox"/> DELETE		2.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Demetrio Perez, Jr.			2.2 NAME	Dr. Arminda Mari Espinosa		
STREET ADDRESS	904 S.W. 23rd Avenue			2.3 STREET ADDRESS	130 S.W. 32nd Avenue		
CITY-ST-ZIP	Miami, Florida 33135			2.4 CITY-ST-ZIP	Miami, Florida 33135		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Rolando Espinosa			3.2 NAME	Lazaro Asencio		
STREET ADDRESS	130 S.W. 32nd Avenue			3.3 STREET ADDRESS	25 Campina Court		
CITY-ST-ZIP	Miami, Florida			3.4 CITY-ST-ZIP	Coral Gables, Florida 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME	500002209115		
STREET ADDRESS				6.3 STREET ADDRESS	-06/11/97--01075--034		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	***61.25		

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.

SIGNATURE: *Dr Rolando Espinosa* Dr Rolando Espinosa DATE May 30, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/96)