

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002971 (9)**

1. Corporation Name

**F.A.I.C. FUNDACION ARTISTICA INTERNACIONAL CULTU  
RAL, INC.**



Principal Place of Business	Mailing Address
<b>7801 SW 29 TERRACE MIAMI FL 33155 US</b>	<b>7801 SW 29 TERRACE MIAMI FL 33155 US</b>

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/15/1994</b>		3a. Date of Last Report <b>03/27/1996</b>	
21		26		4. FEI Number <b>65-0498817</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
22		27		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
City & State		City & State		6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

<del>SOTO PUJOL, FRANK O</del> <del>800 SW 100 PLACE</del> <del>7801 SW 29 TERRACE</del> <del>MIAMI FL 33155</del>		<b>FRANK O. SOTO-PUJOL</b> <b>7801 S.W. 29 Terrace</b> <b>Miami, FL 33155</b>		81 Name <b>N/A</b>	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b>	
				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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PT-D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOTO-PUJOL, FRANK O</b>	1.2 NAME	
STREET ADDRESS	<b>7801 SW 29 TERRACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP-D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARROLL, YOLANDA</b>	2.2 NAME	
STREET ADDRESS	<b>11800 SW 18ST #529</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S-D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MESSER, MARIA</b>	3.2 NAME	
STREET ADDRESS	<b>7801 SW 29 TERR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VO</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DELGADO, IBMA</b>	4.2 NAME	
STREET ADDRESS	<b>7235 SW 24TH ST. #202</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VO</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUAREZ, ANA</b>	5.2 NAME	
STREET ADDRESS	<b>7235 SW 24TH ST. # 202</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VO</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OLIVA, JUAN M</b>	6.2 NAME	
STREET ADDRESS	<b>5900 W FLAGLER ST.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33145</b>	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 in an attachment with an address.

SIGNATURE **FRANK O. SOTO-PUJOL** 7/1/97 215-77-3040

CR2E037 (4/97)