


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 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001155 (9)**

1. Corporation Name

FDC MIAMI EMPLOYEES CLUB, INC.



Principal Place of Business

Mailing Address

**33 NE 4TH ST.
MIAMI FL 33101**

**P.O. BOX 019118
MIAMI FL 33101**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/09/1995		3a. Date of Last Report 08/14/1996	
21		26		4. FEI Number 65-0569146		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DAVIS, YVONNE
33 NE 4TH ST.
MIAMI FL 33101**

10. Name and Address of New Registered Agent

81 Name	Carlos Moreno
82 Street Address (P.O. Box Number is Not Acceptable)	33 NE 4TH ST.
83	
84 City	Miami
85 Zip Code	FL 33132

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 provisions 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

7-22-97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	VP/VECA Simmons	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MORENO, CARLOS		ADD	1.2 NAME	33 NE 4th St.		
STREET ADDRESS	33 NE 4TH STREET			1.3 STREET ADDRESS	Miami, FL 33132		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	Miami, FL 33132		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	ROSEMARY YEPEZ	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROSELLO, JANET		ADD	2.2 NAME	33 NE 4th St.		
STREET ADDRESS	33 NE 4TH STREET			2.3 STREET ADDRESS	Miami, FL 33132		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	Miami, FL 33132		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	MORENO, Carlos	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCDUFFY, ARLEANE			3.2 NAME	33 NE 4th St.		
STREET ADDRESS	33 NE 4TH STREET			3.3 STREET ADDRESS	Miami, FL 33132		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	Miami, FL 33132		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	ROSELLO, Janet	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	33 NE 4th St.		
STREET ADDRESS				4.3 STREET ADDRESS	Miami, FL 33132		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Miami, FL 33132		
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			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

CR2E037 (4/97)