


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 21 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 # N95000001835 (6)

1. Corporation Name

SOUTH FLORIDA CARIBBEAN CULTURAL COALITION, INC.

Principal Place of Business 2769 NW 36 AVE. LAUDERDALE LAKES FL 33311	Mailing Address 2769 NW 36 AVE. LAUDERDALE LAKES FL 33311
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7675 N.W. 20TH Court Suite, Apt. #, etc. 22		2a. Mailing Address 26 P.O. Box 450834 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 04/13/1995		3a. Date of Last Report 05/01/1996	
23 City & State Sunrise, FL 33322 Zip 24 33322		28 City & State Sunrise, FL Zip 29 33345		4. FEI Number 65-0574145		Applied For Not Applicable	
25 Country U.S.A.		30 Country		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State Sunrise, FL 33322		28 City & State Sunrise, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33322		29 33345		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

10. Name and Address of New Registered Agent

ROGERS, HAZELLE
2769 NW 36 AVE
LAUDERDALE LAKES FL 33311

81 Name Jabouin, Patrick
82 Street Address (P.O. Box Number is Not Acceptable) 7675 N.W. 20TH Court
83
84 City Sunrise
85 Zip Code FL 33322

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 Patrick Jabouin, President DATE 8/11/97
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BONELLI, RAYMOND 8408 SOUTH HAMPTON DR. MIRAMAR FL 33023 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/D Jabouin, Patrick 7675 N.W. 20TH Court Sunrise, FL 33322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, HAZELLE 2769 NW 36 AVE LAUDERDALE LAKES FL 33311 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V/D Rigg, Michael 2980 N.W. 53RD Terrace Margate, FL 33063 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLES, FRANTZ 9561 NW 24 PL. SUNRISE FL 33322 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S/D Coles, Frantz 9561 N.W. 24TH Place Sunrise, FL 33322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D NARAIN, PAMELA 6503 WINFIELD BLVD, #D-212 MARGATE FL 33085 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T/D Cumberbatch, Frank 10170 N.W. 10TH Street Plantation, FL 33322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT/D RAMSAY, GORDON 3991 NW 6 AVE LAUDERDALE LAKES FL 33319 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	AT/D Alfred, Marcia 3981 N.W. 32ND Terrace Lauderdale Lakes, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D GRAHAM, CHRISTINA 1213 NW 6 AVE. FT. LAUDERDALE FL 33311 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	AS/D Graham, Christina 1213 N.W. 6TH Avenue Fort Lauderdale, FL 33311 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 Patrick Jabouin, President DATE 8/11/97

CR2E037 (4/97)