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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000831

1. Corporation Name

MANY VOICES: ONE COMMUNITY, INC.

Principal Place of Business

C/O CENTER FOR LABOR RESEARCH
FLORIDA INT'L UNIV.. UNIVERSITY PARK
MIAMI FL 33199

Mailing Address

C/O CENTER FOR LABOR RESEARCH
FLORIDA INT'L UNIV.. UNIVERSITY PARK
MIAMI FL 33199



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 02/16/1996 4. FEI Number 65-0654926 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

MERKIN, STEWART A
444 BRICKELL AVE.
RIVERGATE PLAZA SUITE 300
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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	P/D WILSON, PAULA 1205 SUNSET DR. S. MIAMI FL 33143	1.1 TITLE	PRESIDENT
NAME		1.2 NAME	DAWN ADDY
STREET ADDRESS		1.3 STREET ADDRESS	FLORIDA INTERNATIONAL UNIVERSITY
CITY-ST-ZIP		1.4 CITY-ST-ZIP	CENTER for Labor Research & Studies #304 UNIVERSITY PARK, MIAMI, FL 33199
TITLE	V/D GARCIA-TOLEDO, LUISA 1203 SUNSET DR. S. MIAMI FL 33143	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V/D GINN, DONNA 11430 N. KENDALL DR., STE 208 MIAMI FL 33176-1057	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S/D KREHBIEL, SUSAN 701 SW 27 AVE. MIAMI FL 33135	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	T/D COMELLAS-MACRETTI, ADRIANA 12250 SW 93RD ST. MIAMI FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

ADRIANA COMELLAS-MACRETTI

3/15/99

(305) 436-9908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADRIANA COMELLAS-MACRETTI

CR2E037 (11/98)