


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 01 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 # N96000002601 (0)
 1. Corporation Name
MOVIMIENTO DEMOCRACIA, CORP.



Principal Place of Business 8150 SW 8TH ST. STE. 217 MIAMI FL 33144	Mailing Address P.O. BOX 440661 MIAMI FL 33144-0661
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/15/1996	3a. Date of Last Report
4. FEI Number 65 072 3923	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

SANCHEZ, RAMON S
8150 SW 8TH ST. STE. 217
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SANCHEZ, RAMON S	
STREET ADDRESS	8150 SW 8TH ST. STE. 217	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	ACOSTA, JUAN C	
STREET ADDRESS	8150 SW 8TH ST. STE. 217	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	PUJOL, ROSIE	
STREET ADDRESS	2455 S. BAYSHORE DR.	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	JANE, JUAN	
STREET ADDRESS	495 SW 84TH AVE.	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Rafael Palacios	
1.3 STREET ADDRESS	4973 SW 74th. Ct.	
1.4 CITY-ST-ZIP	Miami, FL 33155	
2.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Pedro J. Gomez	
2.3 STREET ADDRESS	13287 SW 43rd. Lane	
2.4 CITY-ST-ZIP	Miami, FL 33175	
3.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Norman Del Valle	
3.3 STREET ADDRESS	7201 SW 102 Avenue	
3.4 CITY-ST-ZIP	Miami, FL 33173	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 _____ 305 264 7200 July 24th 1997

CR2E037 (4/97)