FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 OCT 20 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005040 (8)

1. Corporation Name
(E.C.A.) VOZ DEL ESCAMBRAY COMMUNICATIONS, INC.

Principal Place of Business
400 S.W. 47TH AVE.
MIAMI FL 33134

Mailing Address
P.O. BOX 1500
MIAMI FL 33144

3. Date Incorporated or Qualified: 09/30/1996
3a. Date of Last Report:

2. Principal Place of Business
21 2747 W. 78 St
Suite, Apt. #, etc.
22 Hialeah, FL 33016
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 2747 W. 78 St
Suite, Apt. #, etc.
27 Hialeah, FL 33016
City & State
28
Zip 29 Country 30

4. FEI Number: [X] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No exempt.

9. Name and Address of Current Registered Agent
ACCURATE FILING & SEARCH SERVICES
3424-18 OLD ST. AUGUSTINE RD.
TALLAHASSEE FL 32311

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	DUQUE, EVELIO	
STREET ADDRESS	P.O. BOX 1500 N/A	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	TD	[✓] DELETE
NAME	GOMEZ, ANTONIO	
STREET ADDRESS	P.O. BOX 1500	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	VPD	[✓] DELETE
NAME	GONZALEZ, GONZALO	
STREET ADDRESS	P.O. BOX 1500	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	Secretary DIR	[ ] DELETE
NAME	Gomez, Carmen	Carmen Gomez
STREET ADDRESS	5745 NW 100 Tue.	5745 NW 100 Terr
CITY-ST-ZIP	C Springs, FL 33076	Coral Springs, FL 33076
TITLE	S.V.P. DIR.	[ ] DELETE
NAME	Rolando Core	
STREET ADDRESS	1940 SW 83rd Ct.	
CITY-ST-ZIP	Miami, Florida 33155	
TITLE	Treasurer DIR.	[ ] DELETE
NAME	A.V. Capestany	
STREET ADDRESS	7310 NW 6th Street	
CITY-ST-ZIP	Miami, Florida 33126-4324	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	900002357063--1 -11/25/97--01077--002 *****61.25 *****61.25	[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[✓] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

11-20-97

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.

CR2E037 (9/96)