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May 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000006104 (1)

1. Corporation Name

PASTORAL INSTITUTE FOR COMMUNICATION, INC.



Principal Place of Business

Mailing Address

9485 SUNSET DRIVE, STE. A-245  
MIAMI FL 33173

9485 SUNSET DRIVE, STE. A-245  
MIAMI FL 33173-3228

3. Date Incorporated or Qualified  
12/03/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

65-0748045

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

8.75 Additional Fee Required

24 Zip

25 Country

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROMAGOSA, JUAN E  
9485 SUNSET DRIVE, STE. A-245  
MIAMI FL 33173

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DV  
NAME: CAPDEPON, FEDERICO  
STREET ADDRESS: 1779 NW 28 STREET  
CITY-ST-ZIP: MIAMI FL 33142

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

DT  
NAME: DE LOS REYES, RAFAEL  
STREET ADDRESS: 1779 NW 28 STREET  
CITY-ST-ZIP: MIAMI FL 33142

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

DV  
NAME: MENENDEZ, JOSE L  
STREET ADDRESS: 3220 NW 7 AVE  
CITY-ST-ZIP: MIAMI FL 33127

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

DP  
NAME: ROMAGOSA, JUAN E  
STREET ADDRESS: 9485 SUNSET DRIVE, STE. A-245  
CITY-ST-ZIP: MIAMI FL 33173

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

DS  
NAME: ROMAGOSA, SYLVIA I  
STREET ADDRESS: 9485 SUNSET DRIVE, STE. A-245  
CITY-ST-ZIP: MIAMI FL 33173

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

[Signature]

6.1 TITLE  
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 in an attachment with an address.

SIGNATURE: ROMAGOSA, SYLVIA I 5/23/97 (906) 688-9729

CR2E037 (9/96)