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May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000019039 (4)

1. Corporation Name  
NCM CAPITAL, INC.



Principal Place of Business  
2121 PONCE DE LEON BLVD  
SUITE 545  
CORAL GABLES FL 33134  
US

Mailing Address  
2121 PONCE DE LEON BLVD.  
SUITE 545  
CORAL GABLES FL 33134-5222  
US

3. Date Incorporated or Qualified 03/11/1994	3a. Date of Last Report 05/29/1996
4. FEI Number 65-0473290	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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9. Name and Address of Current Registered Agent EMO CORPORATE SERVICES INC 100 N E AVE SUITE 1100 FORT LAUDERDALE FL 33301	10. Name and Address of New Registered Agent 81 Name: Roland Sanchez-Medina, Jr., Esquire 82 Street Address (P.O. Box Number is Not Acceptable): One International Place, Ste. 2800 83 Miami, Florida 33131-2144 84 City: FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Roland Sanchez-Medina Jr.* Roland Sanchez-Medina Jr. 5.5.97  
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNEZ, MANUEL	1.2 NAME	
STREET ADDRESS	915 MIDDLE RIVER DR., SUITE 310	1.3 STREET ADDRESS	2121 Ponce de Leon Blvd., Suite 545
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIN, JAVIER JOSE	2.2 NAME	
STREET ADDRESS	915 MIDDLE RIVER DR., SUITE 310	2.3 STREET ADDRESS	2121 Ponce de Leon Blvd., Suite 545
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, VICKI	3.2 NAME	
STREET ADDRESS	915 MIDDLE RIVER DR. #110	3.3 STREET ADDRESS	2121 Ponce de Leon Blvd., Suite 545
CITY-ST-ZIP	FORT LAUDERDALE FL	3.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Vickie Gallagher* Vickie Gallagher 4/10/97 (305) 446-1010  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)