SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1996

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P94000031064 ((6)			
MICROACTION CONSULTING AGENCY, INC.					



8680 NW 5T STE. 203 MIAMI FL 33		8660 NW 5TH TERRACE STE. 203 MIAMI FL 33126		Date Incorporated or Qualified 04/25/1994	3a. Date of Last Report 06/20/1995
	ace of Business	2a. Mailing Address	1 14-	4. FEI Number	Applied For
21		26 8660 N. W	15th Tenence	65-0485055	Not Applicable
Suite, Apt	#, etc.	Suite Apt #, etc. 103)	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State 28 Miami - FA	oxida	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	⁷¹⁹ 33126 30	DADE	8. This corporation has liability for a Florida Statutes	
Ĺ	9. Name and Address of Current	Registered Agent		10. Name and Address of New Rec	gistered Agent
R	OTH, LEONARDO A		81 Name	PARTIN CAZEN	AVE
	350 SOUTH DIXIE HIGHWAY		82 Street Addise	s (8.0, Box Number is Not Acceptable	
	ENTHOUSE TWO		80	660 N.W. 27"	e Terrace
	IAMI FL 33156		[63]	wite 103	
•			84 City		85 Z40 Code/
			/	liani	FL 33/26
11. Pursuant 1	to the provisions of Sections 607.0502	and 607, 1508, Florida Statutes, the	above-named corporate	ration submits this statement for the pun's board of directors. Thereby accept	rpose of changing its registered
agent. I ar	n familiar with, and accept the obligati	ions of, Section 607.0505, Florida S	latutes	. /	ine appointment as registered
SIGNATURE	11 hyllows .	MARTIN	CAZENA	WE 611	0170
	Signature. Niped or printed happe of largistered agent	and life if applicable (NOTE Regis	tered Agent signature required	d when reinstating)	DATE
12.	OFFICERS AND		3.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PVST	DELETE 1	1 TITLE		L Change L Addition &
NAME	Caseneve, Martin	1	2 NAME		5
STREET ADDRESS	8660 NW 5TH TERRACE	1	3 STREET ADDRESS		الأ
CITY - ST - ZIP	MIAMI FL 33126	1	4 CITY - ST - ZIP		8
TITLE	D	DELETE 2	1 TITLE		Change Addition
NAME	Caseneve, Martin	2	2 NAME		
STREET ADDRESS	8660 NW 5TH TERRACE	2	3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126	2	4 CITY - ST - ZIP		
TITLE			1 TITLE		Change Addition
NAME		3	2 NAME		_
STREET ADDRESS		3	3 STREET ADDRESS		ì
CITY-ST-ZIP			4. CITY - ST - ZIP		
TITLE		DELETE 4	1 TITLE		Change Addition
NAME		4	2 NAME		_
STREET ADDRESS		1 4	3 STREET ADDRESS		
CITY-ST-ZIP		4	4 CITY - ST - ZIP		
TITLE			1 TITLE		Change Addition
NAME			2 NAME		
STREET ADDRESS			3 STREET ADDRESS		
CITY-ST-ZIP			4 CHTY - ST - ZIP		
TITLE			1 TifLE		Change Addition
NAME			2 NAME		
STREET ADDRESS			3 STREET ADDRESS		
CITY-ST-ZIP			4 CHY - SI - ZIP		
	ny certify that the information supplied			y for the exemption stated in Section 1:	19 07/3Vk). Florida Statutes 1

turther certity 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

SIGNATURE:

ATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-117-342