

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 21 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| * PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P95000068190 (4)

1. Corporation Name  
MIAMI IN CONTACT, INC.

Principal Place of Business

10692 CORAL WAY  
MIAMI FL 33165

Mailing Address

1800 SW 1ST  
SUITE 312  
MIAMI FL 33135-1945  
US



|                                |                       |
|--------------------------------|-----------------------|
| 2. Principal Place of Business | 25. Mailing Address   |
| 21 8500 S.W. 107 Avenue        | 26 256 N.W. 42 Avenue |
| 22 #25                         | 27                    |
| 23 Miami, FL                   | 28 Miami, FL          |
| 24 33165                       | 29 33126              |
| 25 USA                         | 30 USA                |

|  |                                       |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified<br>09/05/1995  | 3a. Date of Last Report<br>03/14/1996 |
| 4. FEI Number<br>65-0421518  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>  | \$8.75 Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be<br>Added to Fees        |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent  
LUBIAN, LUIS  
10692 CORAL WAY  
MIAMI FL 33165

|   |
|---|
| 81 Name<br>Luis Lubian  |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br>2500 SW 107 Ave. |
| 83 #25  |
| 84 City<br>Miami  |
| 85 Zip Code<br>FL 33165   |

11. Pursuant to the provisions of Sections 607.0102 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

Signature, typed name, and title of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                 |
|----------------------------|---------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       | LUBIAN, LUIS                    |
| STREET ADDRESS             | 10692 CORAL WAY                 |
| CITY-ST-ZIP                | MIAMI FL 33165                  |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |
| 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   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  | P Luis Lubian   |
| 1.3 STREET ADDRESS                                    | 2500 S.W. 107 Ave. #25  |
| 1.4 CITY-ST-ZIP                                       | Miami, FL 33165   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY-ST-ZIP                                       |   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY-ST-ZIP                                       |   |
| 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

President

CR2E034 (9/96)