

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

FILED
Apr 21 1997 8:00am
Secretary of State

*PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000068190 (4)

1. Corporation Name
MIAMI IN CONTACT, INC.



Principal Place of Business 10892 CORAL WAY MIAMI FL 33165	Mailing Address 1800 SW 1ST SUITE 312 MIAMI FL 33135-1945 US
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3. Date Incorporated or Qualified 09/05/1995	3a. Date of Last Report 03/14/1996
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2. Principal Place of Business 21 8500 S.W. 107 Avenue Suite, Apt. #, etc. 22 #25 City & State 23 Miami, FL Zip 24 33165 Country 25 USA	2b. Mailing Address 26 2506 N.W. 42 Avenue Suite, Apt. #, etc. 27 City & State 28 Miami, FL Zip 29 33126 Country 30 USA
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4. FEI Number 65-0421518	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LUBIAN, LUIS
10892 CORAL WAY
MIAMI FL 33165

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0902 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]* **Registered Agent** DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	LUBIAN, LUIS	<input type="checkbox"/>
NAME	LUBIAN, LUIS	
STREET ADDRESS	10892 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	P	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	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"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 *[Signature]* **President**

CR2E034 (9/96)