FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000003860 (3)**

1. Corporation Name

FONOVISA, INC.

Principal Place of Business	Mailing Address
7710 HASKELL AVE. VAN NUYS CA 91406	7710 HASKELL AVE. VAN NUYS CA 91406

3. Date Incorporated or Qualified: **07/25/1994**
3a. Date of Last Report: **02/13/1995**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **95-4049485** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MAHARBIZ, CARLOS
% FONOVISA, INC.
6355 NW 36TH ST.
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Not Acceptable) 600018813296
-05/13/96--01031--046

83 ***200.00

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable. (Note: Registered Agent's signature required for filing.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☒ DELETE	1.1 TITLE	C	☐ Change ☒ Addition
NAME	QUINTERO, ALEJANDRO		1.2 NAME	DAVILA URCULLU, JAIME	
STREET ADDRESS	7710 HASKELL AVE.		1.3 STREET ADDRESS	7710 HASKELL AVE.	
CITY-ST-ZIP	VAN NUYS CA 91406		1.4 CITY-ST-ZIP	VAN NUYS CA. 91406	
TITLE	D	☐ DELETE	2.1 TITLE	V-S-D	☒ Change ☐ Addition
NAME	DAM, LAWRENCE		2.2 NAME	DAM, LAWRENCE	
STREET ADDRESS	2121 AVENUE OF THE STARS, STE. 3300		2.3 STREET ADDRESS	2121 AVENUE OF THE STARS, STE. 3300	
CITY-ST-ZIP	LOS ANGELES CA 90067		2.4 CITY-ST-ZIP	LOS ANGELES CA. 90067	
TITLE	DPS	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	CARRIEDO, CARLOS		3.2 NAME	GARCIA HERRANZ, ANTONIO	
STREET ADDRESS	7710 HASKELL AVE.		3.3 STREET ADDRESS	7710 HASKELL AVE.	
CITY-ST-ZIP	VAN NUYS CA 91406		3.4 CITY-ST-ZIP	VAN NUYS CA 91406	
TITLE	VP	☐ DELETE	4.1 TITLE	V-D	☒ Change ☐ Addition
NAME	ESCANDON, JAIME		4.2 NAME	ESCANDON, JAIME	
STREET ADDRESS	2121 AVENUE OF THE STARS		4.3 STREET ADDRESS	2121 AVENUE OF THE STARS, STE. 3300	
CITY-ST-ZIP	LOS ANGLES CA		4.4 CITY-ST-ZIP	LOS ANGELES CA. 90067	
TITLE	CEOV	☐ DELETE	5.1 TITLE	P-D	☒ Change ☐ Addition
NAME	SANTISO, GUILLERMO		5.2 NAME	SANTISO, GUILLERMO	
STREET ADDRESS	7710 HASKELL AVE.		5.3 STREET ADDRESS	7710 HASKELL AVE.	
CITY-ST-ZIP	VAN NUYS CA 91406		5.4 CITY-ST-ZIP	VAN NUYS CA. 91406	
TITLE	C	☒ DELETE	6.1 TITLE	T	☐ Change ☒ Addition
NAME	PRIETO, WILFREDO		6.2 NAME	SAFA, EDUARDO	
STREET ADDRESS	7710 HASKELL AVE		6.3 STREET ADDRESS	7710 HASKELL AVE.	
CITY-ST-ZIP	VAN NUYS CA		6.4 CITY-ST-ZIP	VAN NUYS CA. 91406	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: EDUARDO SAFA / TREASURER 4/18/96 818-7826100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

SCF 5-1-96