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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400003860 (3)

FONOVISA, INC.

| Principal Place of Business | Mailing Address | | | | | | |
|--|---|--|--|--|--|--|--|
| 7710 HASKELL AVE. VAN NUYS CA 91406 | 7710 HASKELL AVE. VAN NUYS CA 91406-1905 | | | | | | |
| | | | | | | | |

FILED Feb 13 1997 8:00am Secretary of State



| | | | | | | | | | 3. Da | 1 = | | | ate of Last Report | | | | |
|---|---|-------------------------------------|---|---------------------|---------------------|--------------------|--------------------|--|-------------|-----------------|---------------|-----------------|--------------------|----------------|------------|-------------|--|
| | | | | | | | | | | 07/25/19940 | | | 05/ | 05/01/1996 | | | |
| 2. | Principal Place of Business 2a. Mailing Address | | | | | | 4. | | | l Number | | | | | Applied | For | |
| 21 | | 26 | | | | | | | | 95-4049485 | | | | Not Applicable | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | | | | | | \$8.75 | \$8.75 Additional | | | | |
| 22 | 27 | | | | | | | | 5. Ce | ertificate of S | Status Desire | ď | | Fee | Require | d | |
| City & State City & State | | | | | | | | | 6. Fl | ection Camp | aign Financi | na | | \$5.0 | 0 May I | Re | |
| 23 | , | 28 | | | | | | | | ust Fund Co | • | | Added to Fees | | | | |
| | Zıp | Country | | | Zip Country | | | | | | | v for in | ntangible | | | | |
| 24 | | 25 | | | 29 30 | | | 8. This corporation has liability for intangible tax under s Florida Statutes | | | | | | 3. 100. | 002, | | |
| 9. Name and Address of Current Registered Agent | | | | | | | | | | | dress of Ne | | | | · · · · | | |
| | | | | | | | | me | | | | | | | | | |
| MAHARBIZ, CARLOS | | | | | | | | | | | | | | | | | |
| % FONOVISA, INC. 6355 NW 36TH ST. | | | | | | | Str | eet Addr | ress (P.O. | . Box Numbe | er is Not Acc | ept a bl | le) | | | | |
| | | | | | | 83 | ļ. - | | | | | | | | | | |
| | MIAN | AI FL 33160 | 3 | | | 83 | | | | | | | | | | | |
| | | | | | | 84 | Cit | У | | ****** | | | | 85 Zi | p Code | | |
| | | | | | | | <u> </u> | | | | | | FL | - | | | |
| 11 | . Pursuant t | to the provisi | ons of Sections 607.05 ent, or both, in the Stat | 02 and 607.1508 | Florida Statutes, | the abov | e-nar | ned corp | poration s | ubmits this s | statement for | the po | urpose o | f changing | j its regi | stered | |
| | agent. I a | egistered ag m familiar wi | th, and accept the obliq | gations of, Section | n 607.0505, Floric | la Statute | y ine S. | COPOIAN | IIOII S DOA | ii di dilecto | rs. Thereby | accep | t trie apt | Jointine It | as regisi | leieu | |
| C1 | GNATURE | | | _ | | | | | | | | | | | | | |
| 31 | GIVATORE | Signature, typed | or printed name of registered ag | eg-stered Ag | ent sigi | nature require | red when rein | | | | DATE | | | | | | |
| 12 | | OFFICERS AND DIRECTORS 13 | | | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIREC | | | | | | D DIRECT | | | |
| TH | LE | C | DELETE 1.1 | | 1.1 TITLE | | | | | | | | Chang | e 🗀 | Addition | | |
| NA | ME | DAVILA URCULLU, JAIME | | | | 1.2 NAME | | | | | | | | | | | |
| ST | reet address | | | | | 1.3 STREET ADDRESS | | | | | | | | | | | |
| CIT | TY-ST-ZIP | VAN NUYS CA 91406 | | | | 1.4 CITY- ST-ZIP | | | | | | | | | | | |
| TIT | | VSD DELETE | | | | 2.1 TITLE | | | | | | | | Спапд | e 🔲 | Addition | |
| . NA | ME | DAM, LAV | WRENCE | | | 2.2 NAME | | | | | | | | | | | |
| | REET ADDRESS | ALCO ALMONIO OF THE ATLANT OFF ALLS | | | | | 2.3 STREET ADDRESS | | | | | | | | | | |
| | | | ELES CA 90067 | O, 012. 0000 | | 2. 4 CITY- | | 1 | | | | | | | | | |
| TIT | Y-ST-ZIP | _ | LLES ON BOOM | | DELETE | 3.1 TITLE | 51-ZIP | | | | | | | Chang | e II. | Addition | |
| l | | D CADOLA A | | • | DEEC'L | | | | | | | | | - Ominy | · [] | , .001(1011 | |
| | ME | | HERRANZ, ANTONIO | • | | 3.2 NAME | | | | | | | | | | | |
| ST | REET ADDRESS | | SKELL AVE. | | | 3.3 STREET | | 1 | | | | | | | | | |
| | Y-S1-ZIP | | S CA 91406 | | l os see | 3.4. CITY - | ST-ZIP | | ····· | | | | | | | 4.439*** | |
| τŋ | LE | VD | | | ☐ DELETE | 4.1 TITLE | | | | | | | | Chang | e Ш | Addition | |
| N/A | ME | | ON, JAIME | | | 4. 2 NAME | | | | | | | | | | | |
| ST | REET ADDRESS | | NUE OF THE STAR | S | | 4.3 STREET | T ADDR | ESS | | | | | | | | | |
| Ci | TY-ST-ZIP | | | | 4.4 CITY - ST - ZIP | | | | | | | | | | | | |
| TIT | 'LE | PD | <u></u> | | DELETE | 5.1 TITLE | | | | | | | | Chang | e 🔲 | Addition | |
| N.A | ME | SANTISO | , Guillermo | | | 5.2 NAME | | | | | | | | | | | |
| ST | REET ADDRESS | | SKELL AVE. | | | 5.3 STREET | T ADDR | ESS | | | | | | | | | |
| | TY-ST-ZIP | | S CA 91406 | | | 5.4 CITY - 9 | | - | | | | | | | | | |
| Till | | T | O OR STRUC | | DELETE | 6.1 TITLE | v1 411 | \dashv | | | | | | Chang | e [] | Addition | |
| 1 | ME | CAEA ED | NI IADOO | | | 6.2 NAME | | | | | | | | | | | |
| | | SAFA, ED | | | | | 1 1000 | ree | | | | | | | | | |
| | REET ADDRESS | | SKELL AVE | | | 63 STREET | | 188 | | | | | | | | | |
| CI | TY-ST-ZIP | VAN NUY | O UA | | | 6.4 CITY - S | ST - ZIP | | | | | | 17.00 | | | | |

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 peport or suppliemental annual peport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am officer or director of the perforance of the economic or trustee suppowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 16 if changed, or only attachment with an address.