SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Aug 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/25/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

CR2E034 (5/98)

14. I 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: By Fonovisa INC CEO/VP Eduardo SAFA 8-10-98 818-756-0691