

FILE NOW: FILING FEE AFTER MAY 1 IS \$650.00

REINSTATEMENT

1997 JAN - 5 11 30 AM '97

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997
FLORIDA DEPARTMENT OF STATE
Sandra B. Morthem
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000001619

1. Corporation Name
HBC Florida, Inc.

Principal Place of Business Mailing Address
100 Crescent Court, Suite 1777
Dallas, Texas 75201

3. Date Incorporated or Qualified 11/16/93 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For
21 2828 Coral Way 28 100 Crescent Court 95-4455121 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27 City & State City & State 5. Certificate of Status Desired Fee Required
Miami, Florida 33145 Dallas, Texas 75201 \$8.75 Additional

23 28 Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees

24 25 29 30 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
C T Corporation System
1200 S. Pine Island Road
Plantation, Florida 33324
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code
FL

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.

SIG NATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO, President McHenry T. Tichenor, Jr. <input type="checkbox"/> DELETE 100 Crescent Court, Suite 1777 Dallas, Texas 75201	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO, Sr. V.P., Treasurer <input type="checkbox"/> DELETE Jeffrey T. Hinson 100 Crescent Court, Suite 1777 Dallas, Texas 75201	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO, Exec. V.P., Secretary <input type="checkbox"/> DELETE David D. Lykes 100 Crescent Court, Suite 1777 Dallas, Texas 75201	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President <input type="checkbox"/> DELETE Ricardo del Castillo 100 Crescent Court, Suite 1777 Dallas, Texas 75201	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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: Jeffrey T. Hinson JEFFREY T. HINSON 1/2/98 (214) 855-8882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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