

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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90036 036 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000000014**

1. Corporation Name  
**RADIO UNICA CORP.**

Principal Place of Business Mailing Address  
**2 ALHAMBRA PLAZA, SUITE 508** **2 ALHAMBRA PLAZA, SUITE 508**  
**CORAL GABLES FL 33134** **CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/02/1998**

4. FEI Number **65-0776004** 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 the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 **8400 NW 52 STREET** 26 **8400 NW 52 STREET**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **101** 27 **101**  
 City & State City & State

23 **MIAMI, FL** 28 **MIAMI, FL**  
 Zip Country Zip Country

24 **33166** 25 **USA** 29 **33166** 30 **USA**

9. Name and Address of Current Registered Agent  
**DAWSON, STEVEN E**  
**2 ALHAMBRA PLAZA, SUITE 508**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name **CT CORPORATION SYSTEM**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1201 SOUTH PINE ISLAND ROAD**

83

84 City **PLANTATION** FL 85 Zip Code **33324**

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.  
**BARBARA A. BURKE**  
**SPECIAL ASSISTANT SECRETARY** **1-12-99**

SIGNATURE *Barbara A. Burke* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE **C**  DELETE  
 NAME **BLAYA, JOAQUIN F**  
 STREET ADDRESS **2 ALHAMBRA PLAZA, SUITE 508**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **PD**  DELETE  
 NAME **LEVIN, HERBERT M**  
 STREET ADDRESS **2 ALHAMBRA PLAZA, SUITE 508**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **SD**  DELETE  
 NAME **DAWSON, STEVEN E**  
 STREET ADDRESS **2 ALHAMBRA PLAZA, SUITE 508**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **CFO**  DELETE  
 NAME **DAWSON, STEVEN E**  
 STREET ADDRESS **2 ALHAMBRA PLAZA, SUITE 508**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D**  DELETE  
 NAME **GOLDMAN, ANDREW**  
 STREET ADDRESS **19 HIGHLAND WAY**  
 CITY-ST-ZIP **SCARSDALE NY 10583-1609**

TITLE **D**  DELETE  
 NAME **SANTOLERI, JOHN**  
 STREET ADDRESS **466 LEXINGTON AVE**  
 CITY-ST-ZIP **NEW YORK NY 10017-3147**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS **8400 NW 52 STREET SUITE 101**  
 1.4 CITY-ST-ZIP **MIAMI, FL 33166**

2.1 TITLE  Change  Addition  
 2.2 NAME **PRESIDENT**  
 2.3 STREET ADDRESS **JOSE CANCERA**  
 2.4 CITY-ST-ZIP **8400 NW 52 STREET**  
**MIAMI, FL 33166**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS **8400 NW 52 STREET SUITE 101**  
 3.4 CITY-ST-ZIP **MIAMI, FL 33166**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS **8400 NW 52 STREET SUITE 101**  
 4.4 CITY-ST-ZIP **MIAMI, FL 33166**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *1/7/99* Date Daytime Phone #

CR2E034 (1/98)