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Mar 24, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F98000000959

1. Corporation Name
RADIO UNICA OF MIAMI, INC.



Principal Place of Business
 8400 N.W. 52ND STREET, STE 101
 MIAMI FL 33166

Mailing Address
 8400 N.W. 52ND STREET, STE 101
 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

02/19/1998

4. FEI Number

APPLIED FOR 65-0813271

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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

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 CD
 NAME BLAYA, JOAQUIN F
 STREET ADDRESS 8400 N.W. 52ND STREET, STE 101
 CITY-ST-ZIP MIAMI FL
 DELETE

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
 Change Addition

TITLE PD
 NAME LEVIN, HERBERT M
 STREET ADDRESS 8400 N.W. 52ND STREET, STE 101
 CITY-ST-ZIP MIAMI FL
 DELETE

2.1 TITLE PRESIDENT
 2.2 NAME JOSE L. CANCILA
 2.3 STREET ADDRESS 8400 NW 52 STREET SUITE 101
 2.4 CITY-ST-ZIP MIAMI FL 33166
 Change Addition

TITLE STD
 NAME DAWSON, STEVEN E
 STREET ADDRESS 8400 N.W. 52ND STREET, STE 101
 CITY-ST-ZIP MIAMI FL
 DELETE

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DELETE

4.1 TITLE DIRECTOR
 4.2 NAME ANDREW GOLDMAN
 4.3 STREET ADDRESS 10 HIGHLAND WAY
 4.4 CITY-ST-ZIP SCARSDALE, NY 10503-1069
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DELETE

5.1 TITLE DIRECTOR
 5.2 NAME FOWD SANTO LARI
 5.3 STREET ADDRESS 466 LEXINGTON AVENUE
 5.4 CITY-ST-ZIP NEW YORK, NY 10017-3147
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DELETE

6.1 TITLE DIRECTOR
 6.2 NAME SID LAPIDUS
 6.3 STREET ADDRESS 466 LEXINGTON AVENUE
 6.4 CITY-ST-ZIP NEW YORK, NY 10017-3147
 Change Addition

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

(305) 463-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (1/198)