

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
 Sep 03 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G69537** (0)
 1. Corporation Name
SPANISH CABLE NETWORK, INC.



Principal Place of Business 25 SW 2ND AVE #900 MIAMI FL 33131	Mailing Address 10 NW LEJEUNE RD MIAMI FL 33126 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 2800 Ponce de Leon Blvd.
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27 15th Floor
City & State 23	City & State 28 Coral Gables, FL
Zip 24	Zip 29 33134
Country 25	Country 30 USA

3. Date Incorporated or Qualified 10/12/1983	Applied For Not Applicable
4. FEI Number 59-2379805	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
MURAI, WALD, BIONDO & MORENO, P.A.
 25 SOUTHEAST 2ND AVENUE
 SUITE 900
 MIAMI 33131

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DVPD	<input type="checkbox"/> DELETE
NAME	ISAIAS ESTEFANO	
STREET ADDRESS	10 NW LEJEUNE RD	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	ISAIAS, ROBERTO	
STREET ADDRESS	10 NW LEJEUNE RD	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BLAKE, JOHN H.	
STREET ADDRESS	10 NW LEJEUNE RD	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	ISAIAS, WILLIAM	
STREET ADDRESS	10 NW LEJEUNE RD.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2800 Ponce de Leon Blvd.
1.4 CITY-ST-ZIP	Coral Gables, FL 33134
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2800 Ponce de Leon Blvd.
2.4 CITY-ST-ZIP	Coral Gables, FL 33134
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2800 Ponce de Leon Blvd.
3.4 CITY-ST-ZIP	Coral Gables, FL 33134
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	2800 Ponce de Leon Blvd.
4.4 CITY-ST-ZIP	Coral Gables, FL 33134
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE _____ **Roberto Isaias** 8/20/98 305-443-1010

CR2E034 (5/98)