

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra D. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 14 AM 10:01**

**DOCUMENT # L12461 (4)**  
1. Corporation Name  
**LICENSE CORP. NO. 1**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business <b>C/O CHARLES MATTHEW FERNANDEZ 2960 CORAL WAY MIAMI FL 33145</b>		Mailing Address <b>C/O CHARLES MATTHEW FERNANDEZ 2960 CORAL WAY MIAMI FL 33145</b>	
2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>08/30/1989</b>	3a. Date of Last Report <b>04/22/1994</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>65-0154903</b>	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FERNANDEZ, CHARLES MATTHEW 2960 CORAL WAY MIAMI FL 33145</b>		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERNANDEZ, CHARLES M.</b>	2. NAME	
STREET ADDRESS	<b>2960 CORAL WAY</b>	3. STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	4. CITY - ST - ZIP	
TITLE	<b>D</b>	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUAREZ, AMANCIO V.</b>	22. NAME	
STREET ADDRESS	<b>2960 CORAL WAY</b>	23. STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	24. CITY - ST - ZIP	
TITLE	<b>D</b>	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SURAEZ, AMANCIO J.</b>	32. NAME	
STREET ADDRESS	<b>2960 CORAL WAY</b>	33. STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	34. CITY - ST - ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *[Signature]* **04/06/95** **442-7545**  
SIGNATURE AND PRINTED NAME OF BORING OFFICER OR DIRECTOR Date MyFile No: 8