

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

FILED

**Jan 30 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000084576 (2)

1. Corporation Name
RADIO UNICA SALES CORP.



Principal Place of Business: **101 MADEIRA AVE CORAL GABLES FL 33134**
Mailing Address: **101 MADEIRA AVE CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/30/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0702962	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	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 ARAZOZA, COMAS, DE TORRES, FERNANDEZ-FRAGA, PA 101 MADEIRA AVE CORAL GABLES FL 33134				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	Chief Executive Officer <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joaquin Blaya	1.2 NAME	Andrew Goldman
STREET ADDRESS	2 Alhambra Plaza, St 500	1.3 STREET ADDRESS	2 Alhambra Plaza, St 500
CITY-ST-ZIP	Coral Gables, Fl. 33134	1.4 CITY-ST-ZIP	Coral Gables, Fl. 33134
TITLE	C Operating O and PD <input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herbert M. Leving	2.2 NAME	Steve Dawson
STREET ADDRESS	2 Alhambra Plaza, St 500	2.3 STREET ADDRESS	2 Alhambra Plaza, 500
CITY-ST-ZIP	Coral Gables, Fl. 33134	2.4 CITY-ST-ZIP	Coral Gables, Fl. 33134
TITLE	C Operating O and SEC <input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Dawson	3.2 NAME	John Santoleri
STREET ADDRESS	2 Alhambra Plaza, St 500	3.3 STREET ADDRESS	2 Alhambra Plaza, St 500
CITY-ST-ZIP	Coral Gables, Fl. 33134	3.4 CITY-ST-ZIP	Coral Gables, Fl. 33134
TITLE	Director <input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joaquin Blaya	4.2 NAME	Edward Johnson
STREET ADDRESS	2 Alhambra Plaza, St 500	4.3 STREET ADDRESS	2 Alhambra Plaza, St 500
CITY-ST-ZIP	Coral Gables, Fl. 33134	4.4 CITY-ST-ZIP	Coral Gables, Fl. 33134
TITLE	Director <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herbert M. Levin	5.2 NAME	
STREET ADDRESS	2 Alhambra Plaza, St 500	5.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, Fl. 33134	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* **Steven E. Dawson** 1/16/98 305-442-6793

CR2E034 (10/97)