

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

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90022 031 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **P97000084576**

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



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified  
**09/30/1997**

4. FEI Number Applied For  
**65-0702962** 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 N.W. 52nd St.** 26 **8400 NW 52nd St.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 **Suite 101** 27 **Suite 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  
**ARAZOZA, COMAS, DE TORRES, FERNANDEZ-FRAGA, PA**  
 101 MADEIRA AVE  
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent  
 81 Name **Arazoza, Comas, de Torres & Fernandez-Fraga, P.A.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2100 Salzedo Street**  
 83 **Suite 300**  
 84 City **Coral Gables** 85 Zip Code **FL 33134**

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]* **slzakg**  
 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	CPD <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVING, HERBERT M	1.2 NAME
STREET ADDRESS	2 ALHAMBRA PLAZA, SUITE 500	1.3 STREET ADDRESS
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP
TITLE	CS <input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWSON, STEVE	2.2 NAME
STREET ADDRESS	2 ALHAMBRA PLAZA, SUITE 500	2.3 STREET ADDRESS
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP
TITLE	DC P <input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAYA, JOAQUIN	3.2 NAME
STREET ADDRESS	2 ALHAMBRA PLAZA SUITE 500	3.3 STREET ADDRESS
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, HERBERT M	4.2 NAME
STREET ADDRESS	2 ALHAMBRA PLAZA SUITE 500	4.3 STREET ADDRESS
CITY-ST-ZIP	CORAL GABLES FL 33134	4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE S. F. O. Dawson C.F.O.** 3/2/99 305-463-5000  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

11296111 CR2F034 (11/98)