FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 OCT 20 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000005040 (8)**

1. Corporation Name
(E.C.A.) VOZ DEL ESCAMBRAY COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
400 S.W. 47TH AVE. MIAMI FL 33134	P.O. BOX 1500 MIAMI FL 33144

3. Date Incorporated or Qualified: 09/30/1996 | 3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2747 W. 78 ST	26 2747 W. 78 ST
22 Suite, Apt. #, etc. HIALEAH, FL 33016	27 Suite, Apt. #, etc. HIALEAH, FL 33016
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number — ☒ Applied For ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No exempt.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ACCURATE FILING & SEARCH SERVICES 3424-18 OLD ST. AUGUSTINE RD. TALLAHASSEE FL 32311	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 617.0502 and 617.1508, 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 617.0503, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DUQUE, EVELIO P.O. BOX 1500 N/A MIAMI FL 33144	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GOMEZ, ANTONIO P.O. BOX 1500 MIAMI FL 33144	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	900002357063--1 -11/25/97--01077--002 *****61.25 *****61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GONZALEZ, GONZALO P.O. BOX 1500 MIAMI FL 33144	☑ 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	Secretary DIR Gomez, Carmen 5745 NW 100 Tw. C Springs, FL 33076	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Carmen Gomez 5745 NW 100 Terr Coral Springs FL 33076	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S.V.P. DIR. Rolando Core 1940 SW 83rd Ct. Miami, Florida 33155	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer DIR. A.V. Capestany 7310 NW 6th Street Miami, Florida 33126-4334	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	11-20-98	☐ Change ☐ Addition

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)