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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 503591

Corporation Name

EDISON RADIO AND TELEVISION, INC.

(0)

## FILED May 02 1997 8:00am Secretary of State



| Principal Place                         |   | =   | Mailing Address                               |                           |                     | T LODGED BENEV BRIDE FINDE BRINE LIBER BRINE STATE OF BLANK BRIDE |                           |                              |
|---|---|---|---|---------------------------|---------------------|---|---------------------------|------------------------------|
| 836 WEST 84TH STREET<br>HALEAH FL 33014 |   |   | 636 WEST 84TH STREET<br>HIALEAH FL 33014-3617 |                           |                     |   |                           |                              |
|   |   |   |   |                           |                     | 3. Date Incorporated or Qualified 06/01/1976  | 3a. Date of L<br>02/27/19 |                              |
| - Francis                               | lace of Business  | 2a. Mailing A   | ddress  |                           |                     | 4. FEI Number   |                           | Applied For                  |
| 21                                      | # -1-   | [26]  |   |                           |                     | 59-1671427  |                           | Not Applicable               |
| Suite, Apt.                             | #, BIC.   | Suite, Ap   | 1. #, OIC.                                    |                           |                     | 5. Certificate of Status Desired  |                           | 75 Additional<br>se Required |
| City & State                            | e   | City & Sta  | ate   |                           |                     | 6. Election Campaign Financing  | \$5                       | .00 May Be                   |
| 23                                      |   | 28  |   |                           |                     | Trust Fund Contribution Added to Fees   |                           |                              |
| Zip                                     | Country   | Zip   | ]   | Country                   | /                   | 8. This corporation has liability for in  | - Acres                   | der s. 199.032,              |
| 24                                      | 25  | 29  | 3   | 0                         |                     |   | Yes No                    |                              |
| 140                                     | 9. Name and Address of  | current Hegistered Age                                  | <u>nt</u>                                     | 81                        | Name                | 10. Name and Address of New Reg   | istered Agent             |                              |
|   | BEN, MAX M PA<br>83 NE 19TH AVE                                       |   |   | [5.                       | i varie             |   |                           |                              |
|   | IAMI BCH 33162  |   |   | 82                        | Street Add          | fress (P.O. Box Number is Not Acceptabl   | e)                        |                              |
| 14 M                                    | IIVMI DOLL 00102  |   |   | 83                        | <del> </del>        |   |                           |                              |
|   |   |   |   | 84                        | City                |   | 85                        | Zip Code                     |
|   |   |   |   | 04                        | City                |   | FL  °°                    | Zip 0000                     |
| office or r                             | registered agent, or both, in the<br>im familiar with, and accept the | e State of Florida. Such c<br>obligations of, Section ( | shange was aut<br>807.0505, Florid            | thorized by<br>da Statuto | y the corpora<br>s. | poration submits this statement for the pu<br>alion's board of directors. I hereby accept   | the appointme             | nt as registered             |
| 12.                                     | Signature, typed or punted name of regis                              | ered agent and left if applicable  4S AND DIRECTORS     | (NOIL +                                       | 13.                       | ent signatum fequ   | ined when reinstating) ADDITIONS/CHANGES TO OFFICE  | BS AND DIREC              | CTORS IN 12                  |
| TITLE                                   | P   |   | DELETE  | 5.1 TILLE                 | T                   |   | Ch:                       |                              |
| NAME                                    | MATEO, MARCOS A   |   |   | 1.2 NAME                  |                     |   |                           | ·                            |
| STREET ADDRESS                          | 636 W 84TH ST   |   |   | 1.3 STREET                | ADDRESS             |   |                           |                              |
| CITY-ST-ZIP                             | HIALEAH FL  |   |   | 1.4 CHY- 9                | 51 - ZIP            |   |                           |                              |
| TITLE                                   | 81  |   | DELETE  | 2111111                   |                     |   | ☐ Chi                     | ange Addition                |
| NAME                                    | MATEO, MARIE C  |   |   | 2 2 NAME                  | ĺ                   |   |                           |                              |
| STREET ADDRESS                          | 636 W 84TH ST   |   |   | 23 STREET                 | ADDRESS             |   |                           |                              |
| CITY-ST-ZIP                             | HIALEAH FL  |   |   | 2 4 CITY-                 | \$1 - 7IP           |   |                           |                              |
| TITLE                                   |   | L   | ] DELETE                                      | 3,1 1111.6                |                     |   | Cha                       | ange []] Addition            |
| NAME                                    |   |   |   | 3.2 NAME.                 |                     |   |                           |                              |
| STREET ADDRESS                          |   |   |   | 3.3 STREET                |                     |   |                           |                              |
| CITY-ST-ZIP<br>TITLE                    |   |   | DELETE  | 3.4. CITY                 | SI-ZIP              |   | Ch                        | ange Addition                |
| NAME                                    |   | _   | _ Julius                                      | 4 2 NAME                  | ĺ                   |   | <u> </u>                  | man FT Underfold             |
| STREET ADDRESS                          |   |   |   | 4.3 STREET                | ADDDI GG            |   |                           |                              |
| CITY-ST-ZIP                             |   |   |   | 4.4 CITY - S              |                     |   |                           |                              |
| TITLE                                   |   |   | DELETE  | 5.1 TITLE                 | 71-24               |   | Cha                       | ange                         |
| NAME                                    |   |   |   | 5.2 NAME                  |                     |   |                           |                              |
| STREET ADDRESS                          |   |   |   | 5.3 B1REE1                | ADDRESS             |   |                           |                              |
| CITY-ST-ZIP                             |   |   |   | 5.4 DITY- S               |                     |   |                           |                              |
| TITLE                                   |   |   | DELETE  | 61 TITLE                  |                     |   | Cha                       | ange [] Addition             |
| NAME                                    |   |   |   | 62 NAME                   |                     |   |                           |                              |
| STREET ADDRESS                          |   |   |   | 63 STREET                 | ADDRESS             |   |                           |                              |
| CITY-ST-ZIP                             |   |   |   | 6.4 DrTY- 9               |                     |   |                           |                              |

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 econyor 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 allahment with an address.

SIGNATURE

CHESTO MARCOS A HOTE

4/25/97 305822402