

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 664392

(8)

1. Corporation Name

CONDOR COMMUNICATIONS, INC.

Principal Place of Business

1933 NW 21ST TERRACE
MIAMI FL 33142

Mailing Address

1933 NW 21ST TERRACE
MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

02/11/1980

3a. Date of Last Report

03/10/1994

4. FEI Number

59-2050672

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

9. This corporation has liability for intangible tax under S. 199.022,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BETANCOURT, ROGELIO R.
1890 N.W. 24TH AVENUE
MIAMI FL 33125

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

(Signature, typed or printed name of registered agent and title, if applicable)

(If the Registered Agent's signature is required after registration, DATE)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BETANCOURT, ROGELIO R.
STREET ADDRESS	1890 N.W. 24TH AVE.
CITY, ST, ZIP	MIAMI FL
TITLE	YS
NAME	BETANCOURT, GLORIA S.
STREET ADDRESS	1890 NW 24 AVE
CITY, ST, ZIP	MIAMI FL
TITLE	V
NAME	BETANCOURT, ADOLFO R.
STREET ADDRESS	1892 N.W. 24TH AVENUE
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: X Gloria S. Betancourt *Gloria S. Betancourt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-24-95

Date

X (305) 324-0123

Signature Phone #