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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 664392

CONDOR COMMUNICATIONS, INC.

(8)

Mailing Address

FILED
Jan 15 1997 8:00am
Secretary of State

120112

1933 NW 21ST TERRACE Miami Fl 33142 US		1933 NW 21ST TERRACE Miami FL 33142-7325 US							
				3. Date Incorporated or Qualified 02/11/1980	3a. Date of 01/23/1	ate of Last Report <b>23/1996</b>			
2. Principal Place of Business 2s. N		2a. Mailing Address	, Mailing Address		4. FEI Number	Applied For		ed For	
21 26		26	6		59-2050672		Not Applicable		
Suite, Apt. #, etc. 22		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Stat	te	City & State			Election Campaign Financing     Trust Fund Contribution	55.00 May Be Added to Fees			
Zip <b>24</b>	Country 25	Zip 29	Count	гу	_	8. This corporation has liability for intangible tax under s. 199.00 Florida Statutes Yes No			
	g. Name and Address of Curr	ent Registered Agent	1		10. Name and Address of New Re	gistered Agen	t		
BET	ANCOURT, ROGELIO R.		E	1 Name				"	
1890 N.W. 24TH AVENUE			Ē	82 Street Address (P.O. Box Number is Not Acceptable)					
Mia 	MI FL 33125		8	3					
				4 City		<b></b> 85	Zip Cod	de	
						<u> </u>	<u> </u>		
<b>11.</b> Pursuant office or i agent. La	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obl	502 and 607,1508, Florida Statu ate of Florida, Such change was ligations of, Section 607,0505, F	ites, the abo authorized lorida Statul	ive-named o by the corp es.	corporation submits this statement for the p oration's board of directors. I hereby accep	urpose of char of the appointm	iging its re ent as rec	agistered   gistered	
SIGNATURE									
	Significal typed or profest name of registered a			gent signature r	required when reinstating)	DATE			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			IN 12 Addition	
TITLE	PD BETANCOURT, ROGELIO R.	DELETE 1.1					Change L	_1 Addition	
NAME	1890 N.W. 24TH AVE.		1.2 NAM						
STREET ADDRESS	MIAMI FL		- 1	ET ADDRESS				}	
CITY-ST ZIP TITLE	TS	DELETE	1.4 C(T) 2.1 T(T)	-\$T-ZIP			hange [	Addition	
NAME	BETANCOURT, GLORIA S.		2.1 III.0 2.2 NAM			•	Harigo E	Rudillon	
STREET ADDRESS	1890 NW 24 AVE			ET ADDRESS				ļ	
City-SI-ZIP	MIAMI FL			-ST-ZIP					
TITLE	V	DELETE	3 1 TITL		V		hange [	Addition	
NAME	BENTANCOURT, ADOLFO R	•	3.2 NAM		BETANCOURT, Adolfo R.				
STREET ADDRESS	130050 SW 104 TERRACE		3.3 STR	et address	7504 S.W. 78 Terrace				
CITY-ST-ZIP	MIAMI FL		3.4. CIT	r-ST-ZIP	Miami. Fl. 33143			\	
TIT; F	T	DELETE	4.1 Tift				hange [	Addition	
NAME			4. 2 NAf	ME				ļ	
STREET ADDRESS			4.3 STR	ET ADDRESS				[	
CITY-ST-7.P				-ST-ZIP					
TITLE		DELETE	5.1 THU			ЩC	hange [	Addition	
NAME			5.2 NAM	1					
STREET ADDRESS			5.3 STR	ET ADDRESS				Ì	
CITY ST-ZIP		F.F. pag		- ST - ZIP				A 4 (1915 a co	
TITLE		☐ DELETE	6.1 TITL				Change [	Addition	
NAME			6.2 NAM					ļ	
STREET ADDRESS				ET ADDRESS					
CITY - ST - ZIP			6.4 CITY	- ST- ZIP				İ	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of our an attachment with an address.

**SIGNATURE:** 

MATURE AND TYPES OR PHINTED NAME OF SIGNING OFFICER OF PIRECES

January 9, 1997 (305) 324-0123

Prione #

CR2E034 (9/96)