


FILE NOW: FILING FEE IS \$61.25

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Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749303** (4)

1. Corporation Name

**AMERICA RADIO CLUB, INC.**

Principal Place of Business

Mailing Address

**10833 SW 42 COURT  
C/O NILO A HERNANDEZ  
MIAMI FL 33186  
US**

**P.O. BOX 441001  
MIAMI FL 33144-1001**



3. Date Incorporated or Qualified **10/15/1979** 3a. Date of Last Report **11/18/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>NOT APPLICABLE</b>		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUARTE, JUAN B  
440 NW 59 CT  
MIAMI FL 33126**

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	PD	1.1 TITLE	DT
NAME	HERNANDEZ, NILO A	1.2 NAME	Guillermo Quinones
STREET ADDRESS	10833 SW 42 COURT	1.3 STREET ADDRESS	5020 SW 98th. Av. Rd.
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	MIAMI, FL 33165
TITLE	VPD	2.1 TITLE	
NAME	CALDERON, PEDRO	2.2 NAME	
STREET ADDRESS	1753 S.W. 35 CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	2.4 CITY-ST-ZIP	
TITLE	SAD	3.1 TITLE	
NAME	CALCAGNO, FRANCISCO	3.2 NAME	
STREET ADDRESS	125 SW 96 CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33174	3.4 CITY-ST-ZIP	
TITLE	VSD	4.1 TITLE	
NAME	MARTINEZ, SR. <del>ILDEFONSO</del> ILDEFONSO	4.2 NAME	
STREET ADDRESS	10833 SW 42 COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	MILIAN, ROBERTO	5.2 NAME	
STREET ADDRESS	281 SW 71 AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	MARTINEZ, <del>ILDEFONSO</del> ILDEFONSO, JR.	6.2 NAME	
STREET ADDRESS	11873 SW 203 ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177	6.4 CITY-ST-ZIP	

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.

SIGNATURE:

*Guillermo Quinones*

Feb. 10, 1997 (305)392-8576

CR2E037 (9/96)