

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 25, 1999 8:00 am
Secretary of State

08-25-1999 90001 004 ***550.00

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1. Corporation Name

**EDITORIAL TELEVISA INTERNATIONAL, SOCIEDAD ANONI
MA**

Principal Place of Business

6355 N.W. 36TH ST
VIRGINIA GARDENS FL 33166

Mailing Address

6355 N.W. 36TH ST
VIRGINIA GARDENS FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1966

4. FEI Number

59-1262325

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 owes the current year
Intangible Personal Property.

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

STEINBERG, CHARLES
6355 NW 36TH ST
VIRGINIA GARDENS FL 33166

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DIEZ, BARROSO D LAURA
STREET ADDRESS 6355 NW 36TH ST.
CITY-ST-ZIP VIRGINIA GARDENS FL

☐ DELETE

TITLE DV
NAME GARCIA, ANTONIO
STREET ADDRESS 6355 NW 36TH ST
CITY-ST-ZIP VIRGINIA GARDENS FL

☐ DELETE

TITLE VD
NAME AZLARRAGA JEAN, EMILIO
STREET ADDRESS 6355 N.W. 36TH STREET
CITY-ST-ZIP VIRGINIA GARDENS FL

☐ DELETE

TITLE DT
NAME BELMONT, ARLETTE
STREET ADDRESS 6355 NW 36TH ST
CITY-ST-ZIP VIRGINIA GARDENS FL

☐ DELETE

TITLE D
NAME BASTON PATINO, JOSE ANTONIO
STREET ADDRESS 6355 N.W. 36TH ST
CITY-ST-ZIP VIRGINIA GARDENS FL

☐ DELETE

TITLE D
NAME GARCIA HERRANZ, ANTONIO
STREET ADDRESS 6355 N.W. 36TH ST
CITY-ST-ZIP VIRGINIA GARDENS FL 33166

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE chairman
1.2 NAME Laura Diez Barroso de Laviada
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE secretary
2.2 NAME Azucena Dominguez de San Martin
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE treasurer
3.2 NAME Guillermo Barreto Mendieta
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)