FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# B9600000163

TELENOTICIAS DEL MUNDO, L.P. LIMITED PARTNERSHIP

2588 237 880

98 DEC 21 AM 8: 10



Applied Confidence Sale Capital Confiden						
HALEAH FL 33010 120 GRANCE STREET WILMINGTON DE 19801 2. Mailing Address 2. Principal Office Address 2. Principal Office Address 2. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City	Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
######################################	2290 WEST 8TH AVENUE	C/O CORPORATION TRUST CO.		05/10/1996	\$26 000 000 00	
2. Mailing Address 2. A. Shale or Country of Formation DE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State 7. Certificate of Status Desired 2. Shallow State 2. Country 8. Make check populate to: Dept. of Status Desired 2. Shallow State 2. Shallow State 3. Country 8. Make check populate to: Dept. of Status Desired 3. Shallow State 3. Shallow State 3. Shallow Shallow State 3. Shallow Shall	HIALEAH FL 33010	· · ·		3a. Date of Last Report	\$20,000,000,00	
2. Mailing Address 2a. Principal Office Address 5uite, Apt. #, etc. 5uite, Apt. #, etc. 5uite, Apt. #, etc. 6b. FEI Number 6c 50513230 7c. certificate of Status Desired 7c. certificate of Status Desired 7c. certificate of Status Desired 8 Malto check populate for Dopt. of State (See reverse aide for fee Information) 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 10a. Protest proper of centrify is registered for economic for actions 650,152, Pinefa Status, the abover-named limited partnership organized or registered under the laws of the State of Flootia, submitte bits statement for general partnership agent, i am familiar vitio, and accept the obligations of section 500,192, Florida Statuses. 10a. Protest proper of centrify is registered under or registered agent, or both, in the State of Florida. Such disange was authorized by its general partnersh properties of partnership in registered agent, or both, in the State of Florida. Such disange was authorized by its general partnersh properties of partnership in registered dispert Acceptable) 10a. Protest proper of centrify is registered under or registered agent, or both, in the State of Florida. Such disange was authorized by its general partnersh properties of the State of Florida, such risks bits statement of registered agent, or both, in the State of Florida. Such disange was authorized by its general partnersh properties of registered under the laws of the State of Florida, such disange was authorized by its general partnersh properties of registered agent accept the appointment of registered agent. It am familiar vitio, and accept the appointment of registered agent. It am familiar vitio, and accept the obligations of section 500, 192, Florida Statuses. 10a. Registration of the State of Florida, Such Registration of Registration o		WILMINGTON DE 19801		04/15/1998	5b. Amount of Capital	
22. Principal Office Address DE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country To Country Registered Agent Address of Current Registered Agent 10. If changed, new Registered Agent/Office Name Streat Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 City FL Zip Coole City F					Contributions in FLORIDA to date:	
Suite, Apt. #, etc. City & State To Country Registered Agent 10. If changed, new Registered Agent (See reverse also for fee information) PLANTATION FL 33324 City & State, Apt. #, etc. City & State City & State, Apt. #, etc. City & FL Zip Code To Cappropart to the provisions of sections \$20.1051 and \$20.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits titls statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida, Such change was authorized by its general partner(c), I hereby accept the appointment of registered agent, and accept the obligations of section \$20.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Agent Agent Agent Agent Agent Agent Agent Agent A	2. Mailing Address	2a. Principal Office Address		,		
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To Country To Country To Country To Country To Country Satisfaction	Suite, Apt. #, etc.	Suite, Apr. #, etc.		J **		
Pee Reculted R. Make check payable to: Dept. of State (See reverse alloe for fee Information)	City & State	City & State		65-0513230	☐ Not Applicable	
8. Malso check poyable to: Dept. of State (See reverse alde for fee Information) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Street Address (P.O. Box Number Is Not Acceptable) Street Address (P.O. Box Number Is Not Acceptable) Street Address (P.O. Box Number Is Not Acceptable) FL				7. Certificate of Status Desired	\$8.75 Additional	
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Name Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, etc. City FL Zip Code		<u> </u>				
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) State Address (P.O. Box Number is Not Acceptable) FL Zip Code	9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office			
State Address (P.O. Box Number's Not Acceptable)	1200 SOUTH PINE ISLAND ROAD		Street Address (P.O. Box Number Is Not Acceptable)			
PLANTATION FL 33324 Suite, Apt. #, etc.						
City FL Zip Code 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing lis registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, and accept the obligations of section 920.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) TELENOTICIAS DE MUNDO, INC. 2290 WEST 8TH AVENUE HIALEAH FL 33010 F96000002393 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. Ido 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)(k), Florida Statutes. I release the Division of						
10a. Pursuant to the provisions of sections 620,1051 and 620,102, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, such in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of section 620,192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) TELENOTICIAS DE MUNDO, INC. 2290 WEST 8TH AVENUE Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. 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/k), Florida Statutes. I release the Division of						
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od accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee eport as required by Chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form