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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

#### 1999 OCUMENT # F38809

RAPT RADIO CORP

# **FILED** Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90061 027 \*\*\*150.00

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				{			'I DIONE BLOCK IBON
Place of Business	Mailing Address						
74 AVE	PO BOX 660535			}			
33122 MIAMI SPRGS FL 33166 US				DO NO	DO NOT WRITE IN THIS SPACE		
	US			3. Date Incorporated or Q	ualifed		
			,	08/20/1981	· · · · · · · · · · · · · · · · · · ·		
_: Place of Business	2a. Mailing Address			4. FEI Number			Applied For
•	26			59-2117646			Not Applicable
Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Des	sired 🔲		Additional Required
State	City & State	<del> -</del>		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			•
	28	Count		Trust Fund Contribution			3 to rees
Country	Zip	Countr	y	8. This corporation owes to Personal Property Tax.	-	angible Yes	□No
25		30		10. Name and Address of			_===
9. Name and Address of Cur	rrent Registered Agent	8	1 Name	10, hame and year of			
GIL, RENE			1				
7300 S.W. 4 ST.		8:	2 Street Ad	ddress (P.O. Box Number is Not	Acceptable)		
MIAMI FL		8:	3				
Maria C						<del></del>	
		84	4 City		FL	<b>85</b>   Zi	p Code
Limit to the provisions of Sections 607.6 or registered agent, or both, in the Stall I am familiar with, and accept the ob-	oligations of, Section 607.0505, Flori	ida Statute	es.			٠	
.:. I am familiar with, and accept the ob	agent and title if applicable (NOTE:	Registered Ag	:5.	uired when reinstating)	DATE TO OFFICERS AN	ND DIREC	TORS IN 12
.:. I am familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS	oligations of, Section 607.0505, Floh	nga Statiote	ent signature req			ND DIREC	
.:. I am familiar with, and accept the ob  Signature, typed or printed name of registered  OFFICERS	d agent and title if applicable (NOTE:	Registered Age	ent signature req	uired when reinstating)			
.:. I am familiar with, and accept the ob . Signature, typed or printed name of registered OFFICERS PD GIL, RENE	d agent and title if applicable (NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME	ent signature req	uired when reinstating)			
Signature, typed or printed name of registered OFFICERS  PD  GIL, RENE  7300 S.W. 4TH STREET	d agent and title if applicable (NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME	ent signature req	uired when reinstating)			e
Signature, typed or printed name of registered OFFICERS PD GIL, RENE 7300 S.W. 4TH STREET MIAMI FL	d agent and title if applicable (NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME	ent signature req	uired when reinstating)			e Addition
Signature, typed or printed name of registered OFFICERS PD GIL, RENE 7300 S.W. 4TH STREET MIAMI FL VP	d agent and title if applicable (NOTE:  S AND DIRECTORS  DELETE	Registered Ag  1.3.  1.1 TITLE  1.2 NAME  1.3 STRE  1.4 CITY-	eent signature req	uired when reinstating)		☐ Chang	e Addition
Signature, typed or printed name of registered OFFICERS PD GIL, RENE 7300 S.W. 4TH STREET MIAMI FL VP MARTINEZ, DAVID	d agent and title if applicable (NOTE:  S AND DIRECTORS  DELETE	Registered Ag  13.  1.1 TITLE  1.2 NAME  1.3 STREE  1.4 CITY-  2.1 TITLE  2.2 NAME	eent signature req	uired when reinstating)		☐ Chang	e Addition
Signature, typed or printed name of registered OFFICERS PD GIL, RENE 7300 S.W. 4TH STREET MIAMI FL VP	agent and title if applicable (NOTE:  S AND DIRECTORS DELETE	Registered Ag  13.  1.1 TITLE  1.2 NAME  1.3 STREE  1.4 CITY-  2.1 TITLE  2.2 NAME	ent signature req	uired when reinstating)		☐ Chang	e Addition
PD GIL, RENE 7300 S.W. 4TH STREET MIAMI FL VP MARTINEZ, DAVID 14501 SUNSET LANE	d agent and title if applicable (NOTE:  S AND DIRECTORS  DELETE	Registered Ag  13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE	ent signature req	uired when reinstating)		☐ Chang	e Addition
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Carrily triad the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(f). Florida Statutes, I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an 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 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR