FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUN 29 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000005357 (8)

1. Corporation Name

TELEMUNDO HISPANIC SCHOLARSHIP FUND, INC.

Principal Place of Business	Mailing Address
2290 W. 8TH AVE. HIALEAH FL 33010	2290 W. 8TH AVE. HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1994
3a. Date of Last Report:
4. FEI Number: 65-0500349 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	~~CANCELA, JOSE C~~	1.2 NAME	Roland A. Hernandez
STREET ADDRESS	~~2040 W. 8TH AVE.~~	1.3 STREET ADDRESS	c/o Telemundo Group, INC.
CITY-ST-ZIP	~~HIALEAH FL 33010~~	1.4 CITY-ST-ZIP	2290 W. 8th Avenue Hialeah FL 33010
TITLE	~~VD~~	2.1 TITLE	SD ☐ Change ☐ Addition
NAME	~~HOUGMAN, PETER J II~~	2.2 NAME	Jose M. Sariego
STREET ADDRESS	~~2290 W. 8TH AVE.~~	2.3 STREET ADDRESS	c/o Telemundo Group, INC.
CITY-ST-ZIP	~~HIALEAH FL 33010~~	2.4 CITY-ST-ZIP	2290 W. 8th Avenue Hialeah, FL 33010
TITLE	~~S~~	3.1 TITLE	D ☐ Change ☐ Addition
NAME	~~BARROS, MARIA CRISTINA~~	3.2 NAME	Bruce H. Spector
STREET ADDRESS	~~2470 W. 8TH AVE.~~	3.3 STREET ADDRESS	c/o Telemundo Group, INC.
CITY-ST-ZIP	~~HIALEAH FL 33010~~	3.4 CITY-ST-ZIP	2290 West 8th Ave Hialeah FL 33010
TITLE	~~T~~	4.1 TITLE	☐ Change ☐ Addition
NAME	~~DAWSON, HORACE G III~~	4.2 NAME	700001531927
STREET ADDRESS	~~2200 W. 8TH AVE.~~	4.3 STREET ADDRESS	-07/07/95--01027--023
CITY-ST-ZIP	~~HIALEAH FL 33010~~	4.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	**REMITTED BY MAY 1**
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	6/29/95 NB
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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)(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: Jose M. Sariego 4/25/95 8897984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jose M. Sariego, Secretary

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