

FILE NOW: FILING FEE IS \$61.25 *2419 6307*

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90166 008 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # F94000005357

1. Corporation Name
TELEMUNDO HISPANIC SCHOLARSHIP FUND, INC.

* 4 446645 - 90166 - 8

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

Mailing Address
 ATTN: CORPORATE TAX DEPT.
 2290 W 8TH AVE.
 HIALEAH FL 33010



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	10/14/1994	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Country	65-0500349	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25	Country	30	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ 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	D <input type="checkbox"/> DELETE	1.1 TITLE	D/PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, ROLAND A.	1.2 NAME	HERNANDEZ, ROLAND A.
STREET ADDRESS	2290 W. 8TH AVE.	1.3 STREET ADDRESS	2290 West 8th Avenue
CITY-ST-ZIP	HIALEAH FL 33010	1.4 CITY-ST-ZIP	Hialeah, FL 33010
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	D/TREAS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSMAN, PETER J I	2.2 NAME	HOUSMAN, PETER J.
STREET ADDRESS	2290 WEST 8TH AVENUE	2.3 STREET ADDRESS	2290 West 8th Avenue
CITY-ST-ZIP	HIALEAH FL 33010	2.4 CITY-ST-ZIP	Hialeah, FL 33010
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANCELA, JOSE C	3.2 NAME	SADUSKY, VINCENT L.
STREET ADDRESS	2290 WEST 8TH AVE.	3.3 STREET ADDRESS	2290 West 8th Avenue
CITY-ST-ZIP	HIALEAH FL 33010	3.4 CITY-ST-ZIP	Hialeah, FL 33010
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	BARROS, MARIA C	4.2 NAME	
STREET ADDRESS	2290 W. 8TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	D/Secy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, OSVALDO F	5.2 NAME	TORRES, OSVALDO F.
STREET ADDRESS	2290 WEST 8TH AVENUE	5.3 STREET ADDRESS	2290 West 8th Avenue
CITY-ST-ZIP	HIALEAH FL	5.4 CITY-ST-ZIP	Hialeah, FL 33010
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 2 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *VINCENT L. SADUSKY* **SIGNATURE REQUIRED** *V.P. FINANCE* 4-20-99 (305) 884-8200
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (11/98)