SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F95000000501 (5)**

1. Corporation Name
EL DORADO BROADCASTING CORPORATION

Principal Place of Business	Mailing Address
2100 CORAL WAY MIAMI FL 33145	2100 CORAL WAY MIAMI FL 33145

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

3. Date Incorporated or Qualified: 01/30/1995
3a. Date of Last Report:
4. FEI Number: 22-3348100 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. **Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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	~~C~~	☐ DELETE	11 TITLE	CD	☒ Change ☐ Addition
NAME	SANTO DOMINGO, FELIPE		12 NAME		
STREET ADDRESS	15 SHEFFIELD WAY		13 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT 06831		14 CITY-ST-ZIP		
TITLE	~~DPT~~	☐ DELETE	21 TITLE	PD	☒ Change ☐ Addition
NAME	REYES, GERARDO		22 NAME		
STREET ADDRESS	~~05 SHORE DR. W~~		23 STREET ADDRESS	13300 SW 59th Avenue	
CITY-ST-ZIP	~~MIAMI FL 33133~~		24 CITY-ST-ZIP	Miami, FL 33156	
TITLE	~~DAS~~	☒ DELETE	31 TITLE	D	☐ Change ☒ Addition
NAME	~~VELEZ, ALEJANDRO~~		32 NAME	HERNANDEZ, RAUL A.	
STREET ADDRESS	~~05 74 SOUTH WEST 137TH AVE~~		33 STREET ADDRESS	216 PROSPECT PLACE	
CITY-ST-ZIP	~~MIAMI FL 33186~~		34 CITY-ST-ZIP	RUTHERFORD, NJ 07070	
TITLE	~~DS~~	☐ DELETE	41 TITLE	D	☒ Change ☐ Addition
NAME	RESTREPO, WILLIAM		42 NAME		
STREET ADDRESS	~~200 BEDFORD AVE.~~		43 STREET ADDRESS	770 CLAUGHTON ISLAND DRIVE, PH-27	
CITY-ST-ZIP	~~FT. LAUDERDALE FL 33326~~		44 CITY-ST-ZIP	Miami, FL 33131	
TITLE	D	☒ DELETE	51 TITLE	D	☐ Change ☒ Addition
NAME	~~ALARCON, RICARDO~~		52 NAME	BUSTAMANTE, MAURICIO	
STREET ADDRESS	~~CARRERA 39A., NO. 15-81~~		53 STREET ADDRESS	CARRERA 39 A, No 15-81	
CITY-ST-ZIP	SANTAFE DE BOGOTA, COLOMBIA		54 CITY-ST-ZIP	SANTAFE DE BOGOTA, COLOMBIA	
TITLE		☐ DELETE	61 TITLE	V	☐ Change ☒ Addition
NAME			62 NAME	CORTEZ, SILVIO	
STREET ADDRESS			63 STREET ADDRESS	8456 SW 114TH PLACE	
CITY-ST-ZIP			64 CITY-ST-ZIP	Miami, FL 33173	

CR2E034 (3/96)

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)(k), 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: _____ GERARDO REYES 6/26/96 (305) 285-1260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PRESIDENT