

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

FILED

Feb 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000000501 (5)**

1. Corporation Name

**EL DORADO BROADCASTING CORPORATION**

Principal Place of Business

**2100 CORAL WAY  
MIAMI FL 33145**

Mailing Address

**2100 CORAL WAY  
MIAMI FL 33145-2635**

3. Date Incorporated or Qualified  
**01/30/1995**

3a. Date of Last Report  
**07/30/1996**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	<b>SANTO DOMINGO, FELIPE</b>	
STREET ADDRESS	<b>15 SHEFFIELD WAY</b>	
CITY-ST-ZIP	<b>GREENWICH CT</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>REYES, GERARDO</b>	
STREET ADDRESS	<b>13300 SW 59TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>HERNANDEZ, RAUL A</b>	
STREET ADDRESS	<b>216 PROSPECT PLACE</b>	
CITY-ST-ZIP	<b>RUTHERFORD NJ</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>RESTREPO, WILLIAM</b>	
STREET ADDRESS	<b>770 CLAUGHTON ISLAND DRIVE PH-27</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<del><b>DUSTAMANTE, MAURICO</b></del>	
STREET ADDRESS	<del><b>CARRERA 39A NO 15-81</b></del>	
CITY-ST-ZIP	<del><b>SANTA FE DE BOGOTA CO</b></del>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>CORTEZ, SILVIO</b>	
STREET ADDRESS	<b>8456 SW 114TH PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>DUSTAMANTE, MAURICIO</b>
5.3 STREET ADDRESS	<b>CARRERA 39A NO 15-81</b>
5.4 CITY-ST-ZIP	<b>BOGOTA, COLOMBIA</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>V.S.</b>
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or of an attachment with an address.

SIGNATURE:

**GERARDO REYES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/19/97**

**(305) 285-1260**

0203267

CR2E034 (9/96)