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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000005102

1. Corporation Name

LAT - LATIN AMERICAN TELEVISION CORPORATION

| LAI LA | THE AMENIONIA LEFTAIONA | OOH OHAHON | | | |
|---|--|-----------------------------------|---|--|------------------------------------|
| Principal Place | e of Business | Mailing Address | | | 88181 81181 11911 83118 1191 1881 |
| 25 WEST FLAG | FR ST | 25 WEST FLAGLER ST | | | |
| SUITE 7 SUITE 710 | | | | | |
| MIAMI FL 33130 MIAMI FL 33130 | | | | DO NOT WRITE IN THIS | S SPACE |
| US | | US | | 3. Date Incorporated or Qualifed | |
| | <u> </u> | | | 10/19/1995 | A. Pad Fan |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 13-3852252 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | \$8.75 Additional Fee Required |
| 22 | <u> </u> | 27 | | | |
| City & Stat | e | City & State | | 6. Election Campaign Financing | - \$5.00 May Be - Added to Fees |
| 23 | Country | 28 | Country | 8. This corporation owes the current year Ir | |
| Zip | Country | | – | Personal Property Tax. | ∏Yes □No |
| 24 | 9. Name and Address of Current | | | 10. Name and Address of New Registered | |
| | 9. Name and Address of Current | Kedistelen Adelit | 81 Name | 19. 114110 4114 /1441000 0. 11011 1103. | |
| woi | FE, LARRY | | AV | ERILL, JOSEPH P. | |
| 200 A JOHN KNOX RD. | | | ess (P.O. Box Number is Not Acceptable) | _ | |
| | AHASSEE FL 32303 | | 83 | W. Flagler St., Ste. 71 | <u> </u> |
| · · | 34.0022 12 02000 | | | | |
| | | | 84 City | ami FI | 85 Zip Code |
| 207.0000 1.007.4500 51.41. (0.11.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4 | | | ha shaya namad sarra | | |
| 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 threby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | |
| SIGNATURE | JOSEPH P. AVERILL | _ | Ja | | 3/22/99 |
| 0.0 | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: R | Registered Agent signature required | | ND DIDECTORS IN 42 |
| 12. | OFFICERS AND | DELETE | 13. | ADDITIONS/CHANGES TO OFFICERS A | Change Addition |
| TITLE | PDC | ☐ DELEJE | 1,1 TITLE | | Countries Course |
| NAME | FITZKEE, HILLARD L | | 1.2 NAME | | |
| STREET ADDRESS | 25 W FLAGLER ST STE 7 | | 1.3 STREET ADORESS | | |
| CITY-ST-ZIP | MIAMI FL 33130 | | 1.4 CITY-ST-ZIP | August 1 | ☐ Change ☐ Addition |
| TITLE | S | []] DELETE | 2.1 TITLE | The office of | .☐ Change ☐ Addition |
| NAME | MONCADA, CARLOS E. | | 22 NAME | The state of the s | ? |
| STREET ADDRESS | 25 W FLAGLER ST STE 7 | , | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33130 | | 2. 4 CITY-ST-ZIP | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| TITLE | T. | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FITZKEE, DELMA L | | 3.2 NAME | | |
| STREET ADDRESS | 25 W FLAGLER ST STE 7 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33130 | | 3.4. CITY-ST-ZIP | | |
| TITLE | 3 | ☐ DELETE | 4.1 TITLE { | <i>></i> | ☐ Change ☐ Change |
| NAME | ورواده والمستعمل ورواده والماد | | 4.2 NAME | | |
| STREET ADDRESS | | 5 7 | 4.3 STREET ADDRESS | Section of the second of the s | |
| CITY-ST-ZIP | | 7 ده همو سر به پين | 4.4 CITY-ST-ZIP | | |
| TITLE | | [] perere | 5.1 TITLE | ``````` ` | ☐ Change ☐ Addition |
| NAME | į. | ☐ DELETE | | | ☐ Change ☐ Addition |
| STREET ADDRESS | | ☐ DETEIE | 5.2 NAME | | Change - Addition |
| | | □ DETE IE | 5.2 NAME 5.3 STREET ADDRESS | | Collarige Conduction |
| | | . DELETE | • | _ | Citalige Provide |
| CITY-ST-ZIP | | | 5.3 STREET ADDRESS | | Change Addition |
| CITY-ST-ZIP | | | 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | |

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Hillard L. Fitzkee