

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F96000002393 (4)
 1. Corporation Name
TELENOTICIAS DEL MUNDO, INC.



Principal Place of Business: **2290 W 8TH AVE HIALEAH FL 33010**
 Mailing Address: **2290 W 8TH AVE HIALEAH FL 33010-2017**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/10/1996		3a. Date of Last Report	
21		26		4. FEI Number 65-0513226		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		6. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent C T 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DC	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: JARA, ENRIQUE		1.2 NAME: SPECTOR, BRUCE H.	
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: D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: CFO/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: HOUSMAN, DON		2.2 NAME: HOUSMAN, PETER J. II	
STREET ADDRESS: 2290 W 8TH AVE		2.3 STREET ADDRESS: 2290 West 8th Avenue	
CITY-ST-ZIP: HIALEAH FL 33010		2.4 CITY-ST-ZIP: Hialeah, FL 33010	
TITLE: D	<input type="checkbox"/> DELETE	3.1 TITLE: VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TRINGALI, DON		3.2 NAME: TRINGALI, DONALD J.	
STREET ADDRESS: 2290 W 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: D	<input type="checkbox"/> DELETE	4.1 TITLE: AD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HERNANDEZ, ROLAND A		4.2 NAME: HERNANDEZ, ROLAND A.	
STREET ADDRESS: 2290 W 8TH AVE		4.3 STREET ADDRESS: 2290 West 8th Avenue	
CITY-ST-ZIP: HIALEAH FL 33010		4.4 CITY-ST-ZIP: Hialeah, FL 33010	
TITLE: D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: VAUGHAN, BRIAN		5.2 NAME: DAWSON, STEVEN E.	
STREET ADDRESS: 2290 W 8TH AVE		5.3 STREET ADDRESS: 2290 West 8th Avenue	
CITY-ST-ZIP: HIALEAH FL 33010		5.4 CITY-ST-ZIP: Hialeah, FL 33010	
TITLE: D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: AGCS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: DUXBURY, JENNIFER		6.2 NAME: TORRES, OSVALDO F.	
STREET ADDRESS: 2290 W 8TH AVE		6.3 STREET ADDRESS: 2290 West 8th Avenue	
CITY-ST-ZIP: HIALEAH FL 33010		6.4 CITY-ST-ZIP: Hialeah, FL 33010	

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 on an attachment with an address.

SIGNATURE: *Peter J. Housman II* **REQUIRED** CPO 4-25-97 (305) 884-8200
 DATE: _____ DAYTIME PHONE: _____

CFR2E034 (9/96)