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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

F 9600000 23 93 (4)

DEL MUNDO, INC. TEVENOTICIAS

Principal Place of Business

2. Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

2290 W. 8TH AVENUE HIALEAH FL 33010

Suite, Apt. #, etc.

City & State

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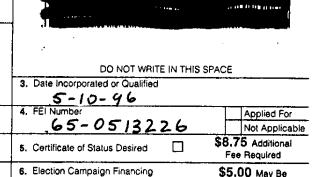
ATTN: TAX DEPARTMENT HIALEAH FL 33010

US

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FILED May 28 1998 8:00am Secretary of State



23 Trust Fund Contribution 28 Added to Fees Zio Country Zip Country 8. This corporation owes or has paid the current year Intargible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CT CORPORATION SYSTEM Name 1200 \$. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 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 little / applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD TITLE DELETE 11 TITLE Change Addition HERNANDEZ, ROLAND A NAME 1.2 NAME 2290 W. 8TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 1.4 City - ST - ZIP CFOD DELETE TITLE 2.1 TITLE ☐ Change __ Addition HOUSMAN, PETER J. NAME 2.2 NAME 2290 WEST 8TH AVENUE STREET ADDRESS 2.3 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 2.4 CITY - ST-ZIP TITLE DELETE Change Addition 3.1 TITLE SPECTOR, BRUCE H NAME 32 NAME 2290 W. 8TH AVENUE STREET ADDRESS 3.3 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE CANCELA, JOSE C. TRINGALI, DONALD J. NAME 4. 2 NAME 2290 WEST 8TH AVENUE STREET ADDRESS 2290 West Bth Avenue 4.3 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 4 4 CITY - ST - ZIP Hialeah FL DELETE TITLE 5.1 TITLE X Addition DAWSON, STEVEN E. NAME 5.2 NAME SADUSKY, VINCENT L 2290 WEST 8TH AVENUE STREET ADDRESS 5.3 STREET ADDRESS 2290 West 8+4 HIALEAH FL 5.4 CITY - ST - ZIP CITY-ST-ZIP Highen FL 33010 AGCS TITLE DELETE 6.1 TITLE TORRES, OSVALDO F NAME 6.2 NAME 100002541541 2290 WEST 8TH AVENUE STREET ADDRESS 6.3 STREET ADDRESS -06/01/98--01011--007 HIALEAH FL CITY ST-2IP 64 CITY-ST-ZIP ***150.00

14. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)). 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 13 if changed or on an attuchment with an address.