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

PROFIT CORPORATION . ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9800000014

1. Corporation Name

RADIO UNICA CORP.

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90036 036 ***150.00



Principal Place	of Business	Mailing Address			. 1000.000 (110 1516) (ANII 2011 2011 2011 2011 2011 2011 2011
2 ALHAMBRA PLAZA. SUITE 508 2 ALHAMBRA PL CORAL GABLES FL 33134 CORAL GABLES			i Plaza. Suite 508 Es Fl 33134		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
6 D	- A Double - Company	Do Mailles Address			01/02/1998 4. FEI Number Applied For
2. Principal Place of Business 2a. Mailing Ac 21 8400 Nw S2 STREET 26 %400			•		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Ritoo NW. 52 STREET Suite, Apt. #, etc.		65-0776004 Not Applicable \$8.75 Additional	
— ······					5. Certificate of Status Desired
City & State	allia (Carle) e de la colonia de la colo nia de la colonia de la coloni		City & State		6. Election Campaign Financing \$5.00 May Be
23 41441		28 HISMI, PL			Trust Fund Contribution Added to Fees
Zip	Country	Zip			8. This corporation owes the current year Intangible
24 331	66 25 USA	29 33146	30	USA	Personal Property Tax. ☐Yes ☐No
=-1	9. Name and Address of Curren	t Registered Agent	11		10. Name and Address of New Registered Agent
				81 Name	COMPORATION SYSTEM
DAWSON, STEVEN E					et Address (P.O. Box Number is Not Acceptable)
2 ALHAMBRA PLAZA, SUITE 508					On - South Pine I Diam's Rand
COR	AL GABLES FL 33134			83	
				84 City	PLANTATION FL 85 Zip Code 33324
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the a	bove-named	d compration cubmits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State	of Florida. Such change was	authorized	by the corp	poration's board of directors. I hereby accept the appointment as registered BARARA A. BURKE
	The same and accept the conga	7 1 KM/1/1/KL	orida Stati	SPECI	IAL ASSISTANT SECRETARY /-/2 99
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	E: Registered		e required when reinstating) OATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	С	DELETE	1.1 TD	TE	☐ Change ☐ Addition
NAME	BLAYA, JOAQUIN F		1.2 NA	ME	
STREET ADDRESS	2 ALHAMBRA PLAZA, SUITE 5	08	1.3 \$7	REET ADDRESS	S 8400 NW 52 STREET SUITE 101
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CI	TY-ST-ZIP	MIAMI, R 33166
TITLE	PD	DELETE	2.1 TF		PRESIDENT Change (M'Additio
NAME	LEVIN. HERBERT M		2.2 N	ME	TOSE CANCELL
STREET ADDRESS	2 ALHAMBRA PLAZA, SUITE 5	na .	2.3 ST	REET ADORESS	\$ 8400 NW 52 STRUCT
	CORAL GABLES FL 33134	00		TY-ST-ZIP _	MIAMI R. 33166
CITY-ST-ZIP	SD	DELETE **	3.1 11		Change Addition
NAME	DAWSON, STEVEN E		3.2 N/	WE	
STREET ADDRESS	2 ALHAMBRA PLAZA, SUITE 5	08		REET ADDRESS	S 8400 NW 52 STREET SUITE IN
	CORAL GABLES FL 33134	••		TY-ST-ZIP	NIAMI, R. 33166
CITY-ST-ZIP TITLE	CFO	☐ DELETE	4,1 Tf		☐ Change ☐ Additio
NAME	DAWSON, STEVEN E		4.2 N		
STREET ADDRESS	2 ALHAMBRA PLAZA, SUITE 5	ng.		REET ADDRESS	8400 NW SZ STREET SUITE 101
į	CORAL GABLES FL 33134	···	1	TY-ST-ZIP	MIANI R 33166
CITY-ST-ZIP	D	☐ DELETE	5.1 TF		☐ Change ☐ Addition
	GOLDMAN, ANDREW		5.2 N/		
NAME CORRECT CORRECT				REET ADDRESS	s
STREET ADDRESS	19 HIGHLAND WAY			TY-ST-ZIP	
CITY-ST-ZIP	SCARSDALE NY 10583-1609	☐ OELETE	6.1 TT		☐ Change ☐ Addition
TITLE	D CANTOLEDI JOUNI	C) ACCUIT	6.2 NA		☐ outside ☐ unund
NAME	SANTOLERI, JOHN			REET ADORESS	s
STREET ADDRESS	466 LEXINGTON AVE				~
CITY-ST-ZIP	NEW YORK NY 10017-3147		6.4 CI	TY-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.

SIGNATURE:

NEW YORK NY 10017-3147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR