

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

9-

FILED

Sep 03 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # G98904

(7)

1. Corporation Name

HISPANIC INTERNATIONAL TELEVISION - HIT TV, INC.



Principal Place of Business

40 NW LEJEUNE RD  
MIAMI FL 33126

Mailing Address

40 NW LEJEUNE RD  
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1984

4. FEI Number

59-2379805

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 2800 Ponce de Leon Blvd.

Suite, Apt. #, etc.

22 15th Floor

City & State

23 Coral Gables, FL

Zip

24 33134

Country

25 USA

2a. Mailing Address

26 2800 Ponce de Leon Blvd.

Suite, Apt. #, etc.

27 15th Floor

City & State

28 Coral Gables, FL

Zip

29 33134

Country

30 USA

9. Name and Address of Current Registered Agent

MURAI WALD BIONDO MORENO & MENDOZA, P.A.  
25 SE 2 AVE STE 900  
MIAMI FL 33131

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

DC  
NAME ISAIAS, ROBERTO  
STREET ADDRESS 40 NW LEJEUNE RD  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE

DV  
NAME ISAIAS, ESTEFANO  
STREET ADDRESS 40 NW LEJEUNE RD  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE

P  
NAME BLAKE, JOHN H.  
STREET ADDRESS 10 NW LEJEUNE RD  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2800 Ponce de Leon Blvd.  
Coral Gables, FL 33134

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2800 Ponce de Leon Blvd.  
Coral Gables, FL 33134

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

2800 Ponce de Leon Blvd.  
Coral Gables, FL 33134

☒ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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.

SIGNATURE:

ROBERTO ISAIAS

8/26/98

305-443-1010

CR2E034 (5/98)