

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # J83452

(9)

1. Corporation Name

CORAL TELEVISION, INC.

Principal Place of Business

**101 MADEIRA AVE
CORAL GABLES FL 33134**

Mailing Address

**101 MADEIRA AVE
CORAL GABLES FL 33134**

**FILED
95 JAN 23 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

3. Date Incorporated or Qualified
07/21/1987

3a. Date of Last Report
03/14/1994

4. FEI Number
65-0105170

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ARAZOZ & COMAS, PA
101 MADEIRA AVE
EXECUTIVE PLAZA, SUITE 701
CORAL GABLES FL 33134**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

EVM
NAME **GERMAN PEREZ-NAHIM**
STREET ADDRESS **6101 BLUE LAGOON DR #400**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE
1.2 NAME ☐ Change ☐ Addition
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PD
NAME **GRANIER, MARCEL**
STREET ADDRESS **6101 BLUE LAGOON DR #400**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE
2.2 NAME ☐ Change ☐ Addition
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

SD
NAME **LOVERA, MARCO**
STREET ADDRESS **6101 BLUE LAGOON DR #400**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE
3.2 NAME ☐ Change ☐ Addition
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

T
NAME **PAEZ, ANTONIO**
STREET ADDRESS **6101 BLUE LAGOON DR #400**
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE
4.2 NAME ☐ Change ☐ Addition
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME ☐ Change ☐ Addition
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME ☐ Change ☐ Addition
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that I am an officer or director of the corporation or the registered agent authorized 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 in an addendum with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

German Perez-Nahim EVM