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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 17 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Corporatio	TELEVISION, INC.								
Principal Place of Business Mailing Address									,,, e,e,, ,ee,
101 MADEIRA AVE 101 MADEIRA AVE CORAL GABLES FL 33134 CORAL GABLES FL 33134									
						DO NOT WRITE	IN THIS SPAC	E	
						3. Date Incorporated or Qualified 07/21/1987			
2. Principal P	rincipal Place of Businoss 2a. Mailing Address					4. FEI Number	·-··	A	applied For
21 26						65-0105170		٨	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired			Additional
22			_			5 Floating Compaign Financing			Required
23		28				Election Campaign Financing     Trust Fund Contribution			May Be I to Fees
Zip				ntry		8. This corporation owes or has pair			_
24	25	29	30			Personal Property Tax due June	30. 🗶 Yes	3 (	□Ño
	g, Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Reg	istered Agen	<u> </u>	
ARAZOZA, COMAS D				01	name 				
101 MADEIRA AVE EXECUTIVE PLAZA, SUITE 701				82	Street Add	ress (P.O. Box Number is Not Acceptable	le)		
CORAL GABLES FL 33134				83					
				84	City			7:	0
					City		FL 85	·	Code
Diffice of fi	to the provisions of Sections 607.0502 egistered agont, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was	authorized	l ov	the corporat	poration submits this statement for the pution's board of directors. I hereby accept	rpose of chan the appointm	ging ent as	its registered registered
SIGNATURE	Signature, typod or printed name of registered agent	400	(F. F)						
12.	Signature, types of printed name of registered agent OFFICERS AND	<del></del>	13.	Agen	it signature tequi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND DIRE	CTO	RS IN 12
TITLE	EVM DELETE		1.1 TITLE			ABBITTOTOTO ATTACK		hange	Addition
NAME	GERMAN PEREZ-NAHIM		1.2 NAME						
STREET ADDRESS	2601 S. BAYSHORE DR., #122	5	1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	MIAMI FL	Doubt	1.4 CITY - ST - ZIP		- ZIP				- <u> </u>
TITLE NAME	PD DELETE			2 1 TITLE			∐ CI	hange	Addition
STREET ADDRESS	GRANIER, MARCEL 2601 S. BAYSHORE DR., #1225			2.2 NAME 2.3 STREET ADDRESS		,			
CITY-ST-ZIP	Adhada Pr			2.4 CITY-ST-ZIP					
TITLE	SD DELETE			3.1 TITLE			C	nange	Addition
NAME	LOVERA, MARCO		3.2 NA	Mε					
STREET ADDRESS	2601 S. BAYSHORE DR., #122	5	3.3 ST	REET A	DDRESS				
CITY-ST-ZIP	MIAMI FL		3.4. CI		- ZIP				
TITLE	EVMT DELÉTE PAEZ, ANTONIO			4.1 TITLE			L Ct	nange	Addition
NAME STREET ADDRESS	2601 S. BAUSHORE DR., #122	ı.	4. 2 NA		200000				
CITY - ST - ZIP	MIAMI FL	, J			DDRESS				
TITLE	DELETE			4.4 CITY-ST-ZIP 5.1 TITLE			☐ CI	nange	Addition
NAME			5.2 NA					,	
STREET ADDRESS			5.3 STF	REET A	DDRESS				
CITY-ST-ZIP			5.4 CIT	Y- \$T-	ZIP				·
TOTLE		☐ DELETE	6.1 TIT				☐ Cr	nange	Addition
NAME OTREET ARRESON			6.2 NAI						
STREET ADDRESS					DDRESS				
CITY-ST-ZIP			6.4 CIT	Y - ST -	7P				

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 of the focus of this 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, of on an attachment with an oddress.