

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

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90013 044 ***150.00

DOCUMENT # J83452

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1987

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

ARAZOZA, COMAS D
101 MADEIRA AVE
EXECUTIVE PLAZA, SUITE 701
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Arazoza, Comas, de Torres &
Fernandez-Fraga, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)
2100 Salzedo Street

83 Suite 300

84 City Coral Gables, FL 85 Zip Code 33134

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]

managing director

DATE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME GRANIER, MARCEL
STREET ADDRESS 2601 S. BAYSHORE DR., #1225
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE
NAME LOVERA, MARCO
STREET ADDRESS 2601 S. BAYSHORE DR., #1225
CITY-ST-ZIP MIAMI FL

TITLE EVMT ☐ DELETE
NAME PAEZ, ANTONIO
STREET ADDRESS 2601 S. BAUSHORE DR., #1225
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/99 305 688 7475

CR2E034 (11/98)