FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
1995 AUG -3 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K33821** **(5)**

1. Corporation Name
LATIN AMERICAN TELEVISION GROUP INC.

Principal Place of Business	Mailing Address
8949 NW 107 ST HIALEAH GARDENS FL 33016	8949 NW 107 ST HIALEAH GARDENS FL 33016

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/23/1988
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business
21 101 MADEIRA AVE
Suite, Apt. #, etc. 22
City & State 23: CORAL GABLES, FL
Zip 24: 33134 Country 25: Dade

2a. Mailing Address
26 101 MADEIRA AVE
Suite, Apt. #, etc. 27
City & State 28: CORAL GABLES, FL
Zip 29: 33134 Country 30: Dade

4. FEI Number: 65-0074336 ☐ 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

ARAZOZA & COMAS, P.A.
101 MADEIRA AVENUE
CORAL GABLES FL

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/SO	11 TITLE	P D	☐ Change ☒ Addition
NAME	[redacted]	12 NAME	PEREZ, MIGUEL	
STREET ADDRESS	C/O 101 MADEIRA AVENUE	13 STREET ADDRESS	C/O 101 MADEIRA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VP	21 TITLE	S D	☐ Change ☒ Addition
NAME	[redacted]	22 NAME	GARCIA, DANNY	
STREET ADDRESS	C/O 101 MADEIRA AVE	23 STREET ADDRESS	C/O 101 MADEIRA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	[redacted]	32 NAME		
STREET ADDRESS	C/O 101 MADEIRA AVE	33 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	[redacted]	42 NAME		
STREET ADDRESS	[redacted]	43 STREET ADDRESS		
CITY-ST-ZIP	[redacted]	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: [signature] 7/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044857 CP