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Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K33821

1. Corporation Name
LATIN AMERICAN TELEVISION GROUP INC.



Principal Place of Business
 101 MADEIRA AVE
 CORAL GABLES FL 33134
 US

Mailing Address
 101 MADEIRA AVE
 CORAL GABLES FL 33134
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/23/1988

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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARAZOZA, COMAS, DE TORRES, ET AL.
 101 MADEIRA AVENUE
 CORAL GABLES FL

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]

[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 **PD** ☐ DELETE
 NAME **PEREZ, MIGUEL**
 STREET ADDRESS **101 MADEIRA AVE**
 CITY-ST-ZIP **CORAL GABLES FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
 1.2 NAME **Perez, Miguel**
 1.3 STREET ADDRESS **c/o 2100 Salzedo Street, Suite 300**
 1.4 CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **SD** ☐ DELETE
 NAME **MORENO, ALEIDA**
 STREET ADDRESS **101 MADEIRA AVE**
 CITY-ST-ZIP **CORAL GABLES FL**

2.1 TITLE **SD** ☒ Change ☐ Addition
 2.2 NAME **Moreno, Aleida**
 2.3 STREET ADDRESS **c/o 2100 Salzedo Street, Suite 300**
 2.4 CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 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 2 or Block 13 if changed, or on an addendum with an address, with all other like empowered.

SIGNATURE:

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
 4/22/99

Date

Daytime Phone #

CR2E034 (11/98)