

2004

## ANNUAL REPORT

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

05-14-2004 90448 011 \*\*\*\*50.00

DOCUMENT # **L03000006240**

1. Entity Name



MULTICULTURAL HEALTHCARE COMMUNICATIONS GROUP L  
 now known of record as

Principal Place of Business  
 MULTICULTURAL HEALTHCARE GROUP LLC  
 600 BILTMORE WAY #1205  
 MIAMI FL 33134-7534

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. as above

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number  
57-1155930Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Member/Manager  
 DE GOYTISOLO AGUSTIN ESQ  
 600 BILTMORE WAY #1205  
 MIAMI FL 33134-7534

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$ 50.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees10. ☒ Member/Manager OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME DE GOYTISOLO, AGUSTIN  
 STREET ADDRESS 600 BILTMORE WAY #1205  
 CITY-ST-ZIP MIAMI FL 33134-7534

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME Member/Manager  
 STREET ADDRESS Goytisolco Media Group inc.  
 CITY-ST-ZIP 600 Biltmore Way, # 1205

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Agustin de Goytisolco, Member/Manager

April 26, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305.443.3412