

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L48535 (3)

1. Corporation Name
SPANISH VISION ADVERTISING CORPORATION

FILED
1995 AUG 10 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
P. O. BOX 44-0602 P. O. BOX 44-0602
MIAMI FL 33144-0602 MIAMI FL 33144-0602

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/02/1990		3a. Date of Last Report 08/17/1994	
4. FEI Number 59-2994213		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business				2a. Mailing Address			
21		26		22		27	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		23		28	
City & State		City & State		24		30	
Zip		Country		Zip		Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RUIZ, MARIO 3720 COLLINS AVE, #608 MIAMI BCH FL 33140				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RUIZ, MARIO	1.2 NAME	RUIZ MARIO				
STREET ADDRESS	4016 VALZEDO	1.3 STREET ADDRESS	4016 SALZEDO				
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	CORAL GABLES FL 33140				
TITLE	VD	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	VALDEO'S, LAZARD	2.2 NAME	RUIZ MARIO				
STREET ADDRESS	4016 VALEDO	2.3 STREET ADDRESS	4016 SALZEDO				
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	CORAL GABLES FL 33140				
TITLE	ST	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RUIZ, MARIO	3.2 NAME					
STREET ADDRESS	3720 COLLINS AVE, #608	3.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP					
TITLE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 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 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MARIO RUIZ 7/30/95 (307) 448-9925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR NAME DATE TELEPHONE #