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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L88916** (6)
1. Corporation Name
LATIN AMERICAN RADIO NETWORK CORPORATION



Principal Place of Business

1790 CORAL WAY
SUITE 200
MIAMI FL 33145
US

Mailing Address

1790 CORAL WAY
SUITE 200
MIAMI FL 33145-2782
US

3. Date Incorporated or Qualified
07/25/1990

3a. Date of Last Report
03/07/1996

2. Principal Place of Business

21 **16501 NW 16ct**

Suite, Apt. #, etc.

22

2a. Mailing Address

26 **16501 NW 16 CT**

Suite, Apt. #, etc.

27

City & State

23 **MIAMI, FLA**

City & State

28 **MIAMI FLA**

Zip

24 **33169**

Country

Zip

29 **33169**

Country

30 **USA**

4. FEI Number

65-0348103

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

MARTIN, GLORIA
1790 CAROL WAY
SUITE 200
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

MARTIN, GLORIA E.

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

16501 NW 16CT

83

84 City

MIAMI

FL

85 Zip Code

33169

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DP
SUAREZ, AMANCIO V.
STREET ADDRESS
2960 CORAL WAY
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
DV
SUAREZ, AMANCIO J.
STREET ADDRESS
2960 CORAL WAY
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

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

16501 N.W 16CT
Miami Fla 33169

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

16501 NW 16CT
Miami, Fla 33169

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 do 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.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97 305-621-4227

Date

Daytime Phone #

CR2E034 (9/96)