

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M18073** (0)

1. Corporation Name

MAMBISA BROADCASTING CORPORATION



Principal Place of Business

**2960 CORAL WAY
MIAMI FL 33145**

Mailing Address

**2960 CORAL WAY
MIAMI FL 33145**

3. Date Incorporated or Qualified
07/16/1985

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

21 **1790 CORAL WAY**

2a. Mailing Address

26 **1790 CORAL WAY**

4. FEI Number

59-2603175

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **SUITE 200**

Suite, Apt. #, etc.

27 **SUITE 200**

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

23 **MIAMI FL**

City & State

28 **MIAMI FL**

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

Zip

24 **33145**

Country

25 **USA**

Zip

29 **33145**

Country

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SUAREZ, AMANCIO J.
2960 CORAL WAY
MIAMI FL 33145**

10. Name and Address of New Registered Agent

81 Name

GLORIA MARTIN

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

1790 CORAL WAY - SUITE 200

83

84 City

MIAMI

FL

85 Zip Code

33145

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

Sandra B. Morikiani

(Print Name of Registered Agent Signature Not Required)

DATE

2/26/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DPC**
STREET ADDRESS **SUAREZ, AMANCIO VICTOR**
CITY-ST-ZIP **2960 CORAL WAY**
MIAMI FL

TITLE ☐ DELETE
NAME **VTD**
STREET ADDRESS **FERNANDEZ, CHARLES MATTH**
CITY-ST-ZIP **2960 CORAL WAY**
MIAMI FL

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **SUAREZ, AMANCIO J.**
CITY-ST-ZIP **2960 CORAL WAY**
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

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY/MONTH/YEAR

CR2E034 (12/95)