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02-16-1999 90032 018 \*\*\*\*\*70.00

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N39357

1. Corporation Name

RADIO WAVES OF LOVE, INC.

Principal Place of Business

6050 W. 20TH AVE.  
HIALEAH FL 33106

Mailing Address

6050 W. 20TH AVE.  
HIALEAH FL 33106



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/03/1990

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
65-0209394

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

24 Zip

Country

29 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AGUERO, OSCAR J  
16745 N.W. 84TH CT.  
MIAMI FL 33016

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME AGUERO, OSCAR J  
STREET ADDRESS 16745 N.W. 84TH CT.  
CITY-ST-ZIP MIAMI FL 33016

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VS  
NAME AGUERO, STELLA M  
STREET ADDRESS 16745 N.W. 84TH CT.  
CITY-ST-ZIP MIAMI FL 33016

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME AGUERO, DIEGO J  
STREET ADDRESS 16745 N.W. 84TH CT.  
CITY-ST-ZIP MIAMI FL 33016

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

TITLE D  
NAME PEREZ, HECTOR  
STREET ADDRESS 5337 W. 22ND COURT  
CITY-ST-ZIP HIALEAH FL 33016

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

TITLE D  
NAME RODRIGUEZ, JAVIER  
STREET ADDRESS 2660 W. 76TH STREET  
CITY-ST-ZIP HIALEAH FL 33016

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

TITLE D  
NAME SOTELO, MAXIMO  
STREET ADDRESS 10874 S.W. 2ND STREET  
CITY-ST-ZIP MIAMI FL

6.1 TITLE  
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

1-22-99 (305) 806-5555