

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000005536 (7)

1. Corporation Name

SPANISH AMERICAN PUBLIC BROADCASTING SYSTEM, INC



Principal Place of Business

Mailing Address

**44 W FLAGLER ST
SUITE 2400
MIAMI FL 33130**

**44 W FLAGLER ST
SUITE 2400
MIAMI FL 33130**

3. Date Incorporated or Qualified
11/07/1994

3a. Date of Last Report
08/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 *P.O. Box 65-1518*

22 City & State

27 City & State
28 *MIAMI, FLORIDA*

24 Zip

25 Country

29 Zip

30 Country

33265 **U.S.A.**

4. FEI Number
65-0553001

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

10. Name and Address of New Registered Agent

**JORGE A. DUARTE, P.A.
44 W FLAGLER ST
SUITE 2400
MIAMI FL 33130**

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

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BERNAL, PETER R**
CITY - ST - ZIP **10940 SW 104 AVE
MIAMI FL 33176**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SHABETAI, RAFAEL**
CITY - ST - ZIP **18104 SW 89 PL
MIAMI FL 33157**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **DUARTE, JOSE A**
CITY - ST - ZIP **44 W FLAGLER ST SUITE 2400
MIAMI FL 33130**

TITLE ☐ DELETE
NAME **Vice - Chairman**
STREET ADDRESS **Jesus Angulo**
CITY - ST - ZIP **13240 SW 46 Street
Miami, FL 33175**

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 617, 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

8/4/96 **(305) 229-2427**
Date Daytime Phone #

0006779

CR2E037 (3/96)