FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Jan 27 1998 8:00am
Secretary of State

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	P. O. BOX 65-1518 N/A MIAMI FL 33265 US

3. Date Incorporated or Qualified
11/07/1994

4. FEI Number **65-0553001** — Applied For / Not Applicable

2. Principal Place of Business		2a. Mailing Address		
21		26		5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
23 City & State		28 City & State		7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ANGULO, JESUS
13240 SW 46 ST
MIAMI FL 33130

10. Name and Address of New Registered Agent

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 **CD** ☐ DELETE NAME **BERNAL, PETER R** STREET ADDRESS **10940 SW 104 AVE** CITY-ST-ZIP **MIAMI FL 33176**	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE **TD** ☐ DELETE NAME **SHABETAI, RAFAEL** STREET ADDRESS **18104 SW 89 PL** CITY-ST-ZIP **MIAMI FL 33157**	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE **SD** ☐ DELETE NAME **DUARTE, JORGE** STREET ADDRESS **44 W FLAGLER ST** CITY-ST-ZIP **MIAMI FL 33130**	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE **VCD** ☐ DELETE NAME **ANGULO, JESUS** STREET ADDRESS **13240 SW 46TH STREET** CITY-ST-ZIP **MIAMI FL**	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE **VCD** ☐ DELETE NAME **DELGADO, MARGARITA** STREET ADDRESS **44 W FLAGLER ST** CITY-ST-ZIP **MIAMI FL 33130**	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE **VSD** ☐ DELETE NAME **BRAZZI, DOMENICA** STREET ADDRESS **44 W FLAGLER ST** CITY-ST-ZIP **MIAMI FL 33130**	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E037 (10/97)

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.

SIGNATURE: ~~SIGNATURE REQUIRED~~