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SECRETARY OF STATE TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # N95000004066

1. Corporation Name
AMANECER FELLOWSHIP BROADCASTING INC.

172671 - 90037 - 8

Principal Place of Business	Mailing Address
1900 CORAL WAY 203 MIAMI FL 33145 US	1900 CORAL WAY 203 MIAMI FL 33145 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
08/23/1995

4. FEI Number
01-6609449
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

9. Name and Address of Current Registered Agent

PUNANCY & COSENTINO
25 SE 2 AVENUE
SUITE 1036
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name Frank Lopez
82 Street Address (P.O. Box Number Is Not Acceptable) 382 SW 8 ST
83
84 City Miami FL 85 Zip Code 33130

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] Frank Lopez 2/23/99
Signature, type 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	PD	☐ DELETE	1.1 TITLE	PD, T	☐ Change ☐ Addition
NAME	MARTINEZ, RODOLFO SAMUEL		1.2 NAME	Martinez, Rodolfo Samuel	
STREET ADDRESS	4440 S.W. 3RD STREET		1.3 STREET ADDRESS	4440 S.W. 3rd St	
CITY-ST-ZIP	MIAMI FL 33134		1.4 CITY-ST-ZIP	Miami FL 33134	
TITLE	VP	☐ DELETE	2.1 TITLE	D, VP	☐ Change ☐ Addition
NAME	LOPEZ, FRANK		2.2 NAME	LOPEZ, FRANK	
STREET ADDRESS	3175 S.W. 179 WAY		2.3 STREET ADDRESS	3175 SW 179 WAY	
CITY-ST-ZIP	MIRAMAR FL 33029		2.4 CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	SD	☐ DELETE	3.1 TITLE	D	☑ Change ☐ Addition
NAME	GUERRA, ROSO		3.2 NAME	Guerra, Rosa	
STREET ADDRESS	7790 S.W. 102 LANE		3.3 STREET ADDRESS	7790 SW 102 Ave	
CITY-ST-ZIP	MIAMI FL 33156		3.4 CITY-ST-ZIP	Miami, FL 33156	
TITLE	VP	☐ DELETE	4.1 TITLE	D, VP	☑ Change ☐ Addition
NAME	QUINTONES, E		4.2 NAME	Quintones, Elvira	
STREET ADDRESS	3175 SW 176 WAY		4.3 STREET ADDRESS	3175 SW 176 Way	
CITY-ST-ZIP	MIRAMAR FL 33029		4.4 CITY-ST-ZIP	Miramar, FL 3302	
TITLE	T	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MARQUEZ, G		5.2 NAME		
STREET ADDRESS	13840 SW 79 CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33158		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

3/31

CR2E037 (11/98)

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 business 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] SIGNATURE REQUIRED 2/23/99 3058596714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #