

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90042 024 ****61.25

0031044

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N95000005724

1. Corporation Name

LATIN AMERICAN COMMUNICATIONS NETWORK, INC.

Principal Place of Business

1779 N.W. 28TH STREET
MIAMI FL 33142

Mailing Address

1779 N.W. 28TH STREET
MIAMI FL 33142



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/05/1995

4. FEI Number

65-0631395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FITZGERALD, J. PATRICK ESQ.
110 MERRICK WAY, SUITE 3-B
CORAL GABLES FL 33134

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

TITLE PD
NAME DE LOS REYES, RAFAEL A
STREET ADDRESS 5750 S.W. 45TH TERRACE
CITY-ST-ZIP MIAMI FL 33155 ☐ DELETE

TITLE SD
NAME MENENDEZ, JOSE LUIS
STREET ADDRESS 3220 N.W. 7TH AVENUE
CITY-ST-ZIP MIAMI FL 33127 ☒ DELETE

TITLE TD
NAME LOPEZ, VICTOR
STREET ADDRESS 753 N.E. 81ST STREET
CITY-ST-ZIP MIAMI FL 33138 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD ☒ Change ☐ Addition
1.2 NAME DE LOS REYES, RAFAEL A.
1.3 STREET ADDRESS 1779 NW 28th ST.
1.4 CITY-ST-ZIP MIAMI, FL 33142

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME FAVALORA, MOST REV. JOHN
2.3 STREET ADDRESS 9401 BISCAYNE BLVD.
2.4 CITY-ST-ZIP MIAMI SHORES, FL 33138

3.1 TITLE DP ☐ Change ☒ Addition
3.2 NAME CAPDEPON, REV FEDERICO
3.3 STREET ADDRESS 1779 NW 28TH ST
3.4 CITY-ST-ZIP MIAMI, FL 33142

4.1 TITLE DS ☐ Change ☒ Addition
4.2 NAME HENNESSEY, REV WILLIAM
4.3 STREET ADDRESS 9401 BISCAYNE BLVD
4.4 CITY-ST-ZIP MIAMI, FL 33138

5.1 TITLE DT ☐ Change ☒ Addition
5.2 NAME VAUGHAN, REV JOHN
5.3 STREET ADDRESS 9401 BISCAYNE BLVD
5.4 CITY-ST-ZIP MIAMI, FL 33138

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME MARIN, REV TOMAS
6.3 STREET ADDRESS 9401 BISCAYNE BLVD
6.4 CITY-ST-ZIP MIAMI FL 33138

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 OF RAFAEL A. DE LOS REYES, V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99 305-638-2722
Date Daytime Phone #

CR2E037 (11/98)