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FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003042 (6)

1. Corporation Name

HISPANIC CHRISTIAN BROADCASTING CORPORATION

Principal Place of Business

2484 WATERSIDE DRIVE
LAKE WORTH FL 33461

Mailing Address

2484 WATERSIDE DRIVE
LAKE WORTH FL 33461-25603. Date Incorporated or Qualified
06/06/1996

3a. Date of Last Report

2. Principal Place of Business

21 2406 S. Congress Ave.

Suite, Apt. #, etc.

22 Suite 2

City & State

23 West Palm Beach, FL

Zip

24 33406

Country

25 U.S.A.

2a. Mailing Address

26 2853 Crosley Dr W. #E

Suite, Apt. #, etc.

27 #E

City & State

28 West Palm Beach, FL

Zip

29 33415

Country

30 U.S.A.

4. FEI Number

65-0678348

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MORENO, GERMAN DR.
2484 WATERSIDE DRIVE
LAKE WORTH FL 33461

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	D	<input type="checkbox"/> DELETE
NAME	MORENO, GERMAN DR.	
STREET ADDRESS	2484 WATERSIDE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33461	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSADO, GEORGE REV.	
STREET ADDRESS	1201 HATTERAS CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GONZALEZ, MICHAELIS J	
STREET ADDRESS	5674 ITHACA CIRCLE EAST	
CITY-ST-ZIP	LAKE WORTH FL 33463	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Moreno, German Dr.	
1.3 STREET ADDRESS	2853 Crosley Dr., West #E	
1.4 CITY-ST-ZIP	West Palm Beach, FL	

2.1 TITLE	T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rosado, George Rev.	
2.3 STREET ADDRESS	1201 Hatteras Circle	
2.4 CITY-ST-ZIP	West Palm Beach, FL 33413	

3.1 TITLE	S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gonzalez, Michaelis J.	
3.3 STREET ADDRESS	5674 Ithaca Circle East	
3.4 CITY-ST-ZIP	Lake Worth, FL 33463	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Dr. German Moreno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/6/97

Daytime Phone # 0043584

CR2E037 (9/96)