

FILE NOW: FILING FEE IS \$61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000005040 (8) 1. Corporation Name (E.C.A.) VOZ DEL ESCAMBRAY COMMUNICATIONS, INC.			
Principal Place of Business 400 S.W. 47TH AVE. MIAMI FL 33134		Mailing Address P.O. BOX 1500 MIAMI FL 33144	
2. Principal Place of Business 21 2747 W. 78 St Suite, Apt. #, etc. 22 MIAMI, FL 33016 City & State 23 Zip Country 24		2a. Mailing Address 26 2747 W. 78 St Suite, Apt. #, etc. 27 MIAMI, FL 33016 City & State 28 Zip Country 29 30	
3. Date Incorporated or Qualified 09/30/1996		3a. Date of Last Report	
4. FEI Number		☒ 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 <i>exempt</i>			
9. Name and Address of Current Registered Agent ACCURATE FILING & SEARCH SERVICES 3424-18 OLD ST. AUGUSTINE RD. TALLAHASSEE FL 32311		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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	PD	☐ DELETE	
NAME	DUQUE, EVELIO		
STREET ADDRESS	P.O. BOX 1500 N/A		
CITY-ST-ZIP	MIAMI FL 33144		
TITLE	TD	☒ DELETE	
NAME	GOMEZ, ANTONIO		
STREET ADDRESS	P.O. BOX 1500		
CITY-ST-ZIP	MIAMI FL 33144		
TITLE	VPD	☒ DELETE	
NAME	GONZALEZ, GONZALO		
STREET ADDRESS	P.O. BOX 1500		
CITY-ST-ZIP	MIAMI FL 33144		
TITLE	Secretary DIR	☐ DELETE	
NAME	Gomez, Carmen		
STREET ADDRESS	5745 NW 100TH		
CITY-ST-ZIP	C Springs, FL 33076		
TITLE	S.V.P. DIR	☐ DELETE	
NAME	Rolando Core		
STREET ADDRESS	1940 SW 83rd Ct.		
CITY-ST-ZIP	Miami, Florida 33155		
TITLE	Treasurer DIR	☐ DELETE	
NAME	A.V. Capestany		
STREET ADDRESS	7310 NW 6th Street		
CITY-ST-ZIP	MIAMI, FL 33126		
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			
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			

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14. I do hereby 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.