

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90132 002 ***150.00

0618970

DOCUMENT # P00000069665

1. Entity Name

LA VOZ DE LA AMERICA CENTRAL INC.

Principal Place of Business

7145 SW 83RD RD PL
 MIAMI FL 33143

Mailing Address

7145 SW 83RD RD PL
 MIAMI FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALONGE, ROGER A
 7145 SW 83RD RD PL
 MIAMI FL 33143

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME FLORES, EDUARDO
 STREET ADDRESS 9805 SW 53 TERRA
 CITY-ST-ZIP MIAMI FL 33165

Delete

TITLE VD
 NAME MAYORGA, JOSE W
 STREET ADDRESS 15148 SW 60 TERRA
 CITY-ST-ZIP MIAMI FL 33143

Delete

TITLE SD
 NAME VELEZ, ROGER
 STREET ADDRESS 7145 SW 83 RD PL
 CITY-ST-ZIP MIAMI FL 33143

Delete

TITLE TD
 NAME CALONGE, ROGER
 STREET ADDRESS 7145 SW 83 RD PL
 CITY-ST-ZIP MIAMI FL 33143

Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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Addition

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 STREET ADDRESS
 CITY-ST-ZIP

Change

Addition

13. 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 report or supplemental 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 person duly empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with a signature with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGER CALONGE

Date

Daytime Phone #

04/25/01 (305) 598-5702

CR2E034 (10/00)