

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

2 224 140 613

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P03878** (6)  
1. Corporation Name  
**TELEMUNDO OF FLORIDA, INC.**



Principal Place of Business  
**2290 W. 8TH AVENUE  
HIALEAH FL 33010**

Mailing Address  
**2290 W. 8TH AVENUE  
HIALEAH FL 33010**  
**Attn: Tax Department**

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

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

3. Date Incorporated or Qualified  
**03/29/1984**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**59-2444938**

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and then application

(If only Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	HERNANDEZ, ROLAND A	2290 W. 8TH AVENUE	HIALEAH FL	<input type="checkbox"/>
S	SARIEGO, JOSE M	2290 W. 8TH AVENUE	HIALEAH FL	<input checked="" type="checkbox"/>
D	SPECTOR, BRUCE H	2290 W. 8TH AVENUE	HIALEAH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add on
CFO	PETER J. Housman	2290 West 8th Avenue	Hialeah, FL 33010-2017	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on
VP	JOSE C. CANCELA	2290 West 8th Avenue	Hialeah, FL 33010	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on
VP	STEVEN D. DAWSON	2290 West 8th Avenue	Hialeah, FL 33010	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on
Corp. Counsel/Asst Secy	PAUL F. STEINKE	2290 West 8th Avenue	Hialeah, FL 33010	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL F. STEINKE

4-18-96 (305) 884-8200  
Date Date & Phone #

CR2E034 (12/95)