

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P14553

1. Corporation Name  
TELEMUNDO GROUP, INC.

Principal Place of Business  
2290 WEST 8TH AVENUE  
HIALEAH FL 33010

Mailing Address  
2290 WEST 8TH AVENUE  
ATTN: TAX DEPARTMENT  
HIALEAH FL 33010  
US

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90166 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1987

4. FEI Number

13-3348686

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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

FL

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BLACK, LEON D	
STREET ADDRESS	2290 W 8TH AVENUE	
CITY-STATE-ZIP	HIALEAH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EDWARD M YORKE	
STREET ADDRESS	2290 WEST 8TH AVENUE	
CITY-STATE-ZIP	HIALEAH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPECTOR, BRUCE H	
STREET ADDRESS	2290 WEST 8TH AVE	
CITY-STATE-ZIP	HIALEAH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRON, GUILLERMO	
STREET ADDRESS	2290 W 8TH AVE	
CITY-STATE-ZIP	HIALEAH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KOLOD, ALAN	
STREET ADDRESS	2290 W 8TH AVE	
CITY-STATE-ZIP	HIALEAH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARRY W. RIDINGS	
STREET ADDRESS	2290 WEST 8TH AVENUE	
CITY-STATE-ZIP	HIALEAH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIR / CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HERNANDEZ, ROLAND A.	
1.3 STREET ADDRESS	2290 West 8th Avenue	
1.4 CITY-STATE-ZIP	Hialeah, FL 33010	
2.1 TITLE	DIR / CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HOUSMAN, PETER J.	
2.3 STREET ADDRESS	2290 West 8th Avenue	
2.4 CITY-STATE-ZIP	Hialeah, FL 33010	
3.1 TITLE	DIR / SECY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TORRES, OSVALDO F.	
3.3 STREET ADDRESS	2290 West 8th Avenue	
3.4 CITY-STATE-ZIP	Hialeah, FL 33010	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SADUSKY, VINCENT L.	
4.3 STREET ADDRESS	2290 West 8th Avenue	
4.4 CITY-STATE-ZIP	Hialeah, FL 33010	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VINCENT L. SADUSKY  
VP FINANCE

Date

Daytime Phone #

4-20-99 (305) 884-8200

CR2E034 (11/98)