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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000050522 (0)

CIRCLE BROADCASTING OF AMERICA, INC.

## FILED Apr 29 1997 8:00am Secretary of State

Principal Place of Business		Mailing Address					I JODIIODI (IN JEINO HILI ERILE DELII DOLII		il Kana mala	
\$373 W SAMP SUITE \$03 CORAL SPRIN		9373 W SAMPLE ROAD SUITE 203 CORAL SPRINGS FL 33065-4101			•					
							<ol> <li>Date Incorporated or Qualified 07/20/1993</li> </ol>	3a. Date 05/01/		Report
2. Principal F	Place of Business	2a, Mailing	y Address				4. FEI Number 65-0591544		- <del></del>	oplied For ot Applicable
Suite, Apt.	#, etc.		Apt. #, etc.					F-1		Additional
22		27					5. Certificate of Status Desired			equired
City & Sta	le	City &	State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution			to Fees
Zip	Country	<b>Z</b> ip		Cou	ntry		8. This corporation has liability for i	ntangible ta:	x under s	199.032,
24	25	29]		30				Yes 🔲		
	g. Name and Address of Current	Registered A	gent		271		10. Name and Address of New Re	gistered Ag	ent	
	ANDA, NESTOR C				B1	Name				
5128 NW 88 WAY				Ì	82	Street Add	Address (P.O. Box Number is Not Acceptable)			
COL	RAL SPRINGS FL 33067			ļ						
					83					
,				Ī	84	City		FI	<b>85</b> Zip	Code
11. Pursuant office or agent 1 a	to the provisions of Sections 607,0507 registered agent, or both, in the State am familiar with, and accept the obliga	and 607,1508 of Florida, Suct tions of, Sectio	, Florida Statuti i change was a n 607.0505, Flo	es, the ab authorized orida Stati	ove d by des	e-named corp the corpora s.	ooration submits this statement for the p tion's board of directors. I hereby accer	urpose of ch it the appoin	langing it trnent as	ts registered registered
	Signature, typed or printed name of registered ages		e (NOII		Age	nt signature requ	red when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC			· · <u>- · · · · · · · · · · · · · · · · ·</u>
TITLE	D NECTOR O		LI DELETE	1.1 717				L_	<b>J</b> Change	■ Addition
NAME	MIRANDA, NESTOR C			1.2 NA	ME					
STREET ADDRESS	9373 W SAMPLE RD SUITE 203	\$		1.3 \$11	REE 1	ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL 33087		T leaves	1.4 CIT	_	7 - 71P	· · · · · · · · · · · · · · · · · · ·		•	
TITLE			DELETE	2.1 117				Ĺ	] Change	
NAME				2.2 NA	ME					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			- Breeze	2. 4 CI		31-7IP				
TITLE			DELETE	3.1 111				$\sqcup$	] Change	Addition
. NAME				3.2 NA		,				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			I INLETE	3.4. CI		ST - ZIP		<del></del>	l ou	1 4 4 400
TITLE			L DELETE	41111				L	] Change	
NAME				4 2 NA						
CIDICIT ADDRESS	ı			4 2 0 10	DEC 1	ADDDLCC I				

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 eath; that I am an officer or director of the corporation or the receiver or trusted 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 altacument with an address.

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6 4 CITY-ST-ZIP

5.4 CHTY - \$1 - 2(P

5.1 TITLE

5.2 NAME

6.1 TITLE

**6.2 NAME** 

CIONATURE.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

ull Ulivarida (

DELETE

DELETE

11/2/192

7.17-11948

Change

Change

Addition

Addition